CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT

ON THE

MEDICAL INSPECTION of SCHOOL CHILDREN

FOR THE YEAR

1925

BY

A. A. MUSSEN, B.A., M.D., D.P.H.,

Medical Officer of Health, and Medical Officer to the Education Authority.

(Received by the Education Committee, 28th June, 1926.)

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CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1925.

The Medical Officer begs to submit herewith his report on the work of the School Medical Service for the year ended 31st December, 1925.

In the previous report mention was made of the disorganisation of the work attributable to the frequent changes in the personnel of the staff. In order to obviate this the Committee in the early part of the year decided to revise the scale of salaries for the medical officers, and the vacancies on the permanent staff were filled by the appointments of Drs. Clarke, Cohen and Donnelly. There was one resignation during the year, viz., that of Dr. McClellan, and Dr. Mackenzie was appointed in his place.

Owing to delays in filling vacancies occurring during the year, the average number of Assistant School Medical Officers on the staff was only slightly over 11 instead of the full complement of 12. This fact, together with the frequent changes of the staff and the additional work at various Clinics and the Higher Schools which had to be undertaken, resulted in a falling off in the number of routine inspections and re-inspections carried out.

One extra whole-time School Dentist, Mr. F. C. Littleton, was appointed and commenced duty in August. At the end of the year the dental staff consisted of two whole-time and five part-time dentists, the equivalent in all of four whole-time dentists.

The Health Committee have, as heretofore, supplied the Health Visitors who attend at most of the Minor Ailments and at all the other Clinics, and assist the School Medical Officers in the schools and follow up certain medical defects and cases of neglect. This staff was increased during the year to 45, being necessitated by the opening of the new Minor Ailments Clinic, Westminster Road, additional dental work, and extra work in connection with the campaign against uncleanliness. The nursing work at the North Corporation Minor Ailments Clinic and at the Garston Minor Ailments Clinic has, as in previous years, been carried out by the Queen Victoria and the Garston District Nursing Associations respectively.

With the approval of the Board of Education and the Ministry of Health, suitable premises were purchased in Garston for the purposes of a Minor Ailments Clinic, Defective Vision Clinic, Dental Clinic, Cleansing Centre, and also as Ante-Natal and Infant Welfare Clinics under the Health Committee. Before the plans for the alterations were finally approved by the Board of Education, however, a letter was received from the Board informing the Authority that the proposal for this expenditure should be considered in the light of the Board's memorandum No. 44, with the result that these premises will have to lie idle at least until the financial year 1927-28.

The question of the loss of school attendance marks for children attending the Clinics, chiefly Dental Clinics, is still in certain schools an important factor which weighs with the parents when deciding whether or not to accept the treatment provided by the Committee. The reasons why it has been impossible to record these marks or claim the Government Grant lost by the wording of Article 43 (*b*) of the Code were referred to in the previous Annual Report. The Liverpool Head Teachers' Association during the year also drew the attention of the Committee to this matter, and the Director of Education has been in conference with His Majesty's Inspector on this subject, but, unfortunately, no satisfactory solution of the difficulty has yet been reached.

The present regulations dealing with this point not only hamper the work of medical treatment but also involve the Committee in unreasonable loss of grant, and it is greatly to be hoped that this important matter will receive the very careful consideration of the Board.

By reference to the Board's Table III of Exceptional Children on page 79, it will be noted that at the end of the year there were 1,101 delicate children reported as attending Public Elementary Schools. The majority of these, on grounds of health, would be better educated in open-air schools. The Table further shews that there were 100 delicate children and also 305 children suffering from more or less active tuberculosis who were at no school or institution, and there is no question but that many of these children also could attend with advantage schools conducted on open air lines. The Committee have made arrangements for maintaining 30 delicate or pre-tubercular children at the new Residential Open-air School in process of adaptation at "Torpenhow," near Caldy, Cheshire, and some of the beds at the Woolton Vale Residential Open-air School, which was originally intended for crippled children only, have now also been made available for delicate children. But to meet the needs of the large number of delicate children, who will still be unprovided for, one or more Day Open-air Schools within the City, or within easy access of it, are very necessary.

When a child is suffering from active tuberculosis it can receive both treatment and education if in a Sanatorium, and the Medical Superintendents of the Sanatoria report that the children improve considerably in health when they are under some form of educational discipline. But, as mentioned above, there were 305 children suffering from active tuberculosis at no school or institution; all of these children are being deprived of their educational opportunities, and many of them, e.g., those suffering from glandular tuberculosis, whilst not suitable for education in Public Elementary Schools, would not only be suitable for but would actually benefit in health by education in a Day Open-air School. It might be thought that the proper place for these children would be a Sanatorium, but for many of them a Day Open-air School would meet the case, and would be far less expensive.

Attention should again be drawn to the need for the provision of special classes for Stammerers. Stammering is a defect which seriously handicaps the sufferer in obtaining employment in after life, and as experience has shewn that where such classes have been instituted the majority of the chidren are cured of their defect and nearly all the remainder are greatly improved, the education of such children in suitable classes is a sound economical proposition.

The Committee during the year considered the question of inaugurating an Orthopœdic scheme. As a considerable amount of orthopœdic treatment was already being carried out at the various Hospitals, the Committee realised that it was not an easy matter to determine what extension of the work might be necessary or desirable. As a preliminary step the Committee, therefore, arranged for Dr. Hartley Martin to examine and report on some 250 cases of crippling, with a view to ascertaining on what lines any scheme should be developed.

An analysis of the medical records of the children examined throughout the year shews that there are 128 children who, in the opinion of the Aural Surgeon or School Medical Officers, were afflicted with deafness not sufficiently severe to warrant their admission to the School for the Deaf, but of such a degree as to impose a severe handicap on their education in Public Elementary Schools. The education of such children is carried out constantly under a strain, which soon fatigues the children and results in them not keeping up with the others in their classes, and consequently becoming backward. If these children could be given a short course in lip-reading in a special class, it would considerably assist them on their return to the Public Elementary Schools.

There is still, unfortunately, a certain amount of misconception and apathy on the part of some of the parents towards the preventive work which is the main aim of the department. Particularly is this noticeable in the case of Dental treatment, as is evidenced by the small percentage of parents accepting the Committee's scheme of treatment, for which the charge of sixpence only is made. In order that the public might be more fully informed of the aims and objects

of medical inspection and treatment, the Assistant School Medical Officers and the Senior Dentist have given short talks to parents in certain schools, and the Victoria Settlement have also kindly co-operated by arranging for some lectures in their Hall, which were given in the evenings by two of the School Medical Officers and the Senior Dentist.

During the year, one new school, namely, St. Elizabeth's R.C. Central School, was opened, the total number of Public Elementary Schools at the end of the year being 166.

The average number of children on the rolls for the year was 134,830, and the average attendance 119,122, or 88·3 per cent.

The School Medical Officers have during the year carried out at the schools and Inspection Clinics 99,380 examinations relating to 69,597 Elementary and Higher School children, as shewn in detail below :—

Public Elementary Schools.

Routine examinations	28,540
Special examinations	12,402
Re-inspections	47,117
Total number of inspections	88,059
Number of individual children inspected ...	61,455

Higher Schools.

Routine examinations	5,361
Special examinations	448
Re-inspections	5,512
Total number of inspections	11,321
Number of individual children inspected ...	8,142

The Medical Officer is indebted to the Director of Education for information which he has kindly supplied with regard to certain sections of this Report relating in particular to the work in connection with the Special Schools, Provision of Meals and Juvenile Employment.

The official statistical tables required by the Board will be found in the Appendix, commencing on page 75.

UNCLEANLINESS.

At the routine examination 24.5 per cent. of the girls and 4.8 per cent. of the boys were found to have verminous heads, whilst a verminous condition of the body and clothing was reported in 1 per cent. of the boys and .5 per cent. of the girls. There were altogether 153,338 examinations made by the Health Visitors for cleanliness, and 11,501 children were found to be verminous or very dirty, and were followed up at their homes. In 346 instances it was found necessary to serve statutory notices under Section 460 of the Liverpool Corporation Act, 1921, with the result that 179 children were cleansed by the parents, and 160 by the staff.

Proceedings were taken under this Section against the parents in respect of eight children, a conviction being recorded in each case.

If the question of verminous conditions amongst school children is to be dealt with satisfactorily there should be provided additional Cleansing Stations easily accessible from all parts of the City.

There are at present in the City two Cleansing Stations only, viz., Beacon Street and Mansfield Street, the latter, owing to the inaccessibility of Beacon Street, being the only station utilised to any great extent for dealing with verminous conditions. At this station, 6,346 children attended for treatment, 4,910 on account of verminous conditions, the remainder attending for the purpose of being bathed. There have been occasions when the number of children in attendance at this centre was so great that some had to be turned away.

Beacon Street is mostly in demand for the purpose of providing the children from a neighbouring school with Spray Baths, 11,829 attendances having been made for this purpose; on acount of its inaccessibility only 215 children attended for the treatment of verminous conditions.

The Health Committee have agreed to provide an additional Cleansing Centre in Smithdown Lane, and the necessary alterations are being made; it is anticipated that this Centre will be

available early in 1926. Although this Station will relieve the pressure on Mansfield Street, its provision will not solve the difficulty of dealing with cases in West Toxteth, Old Swan and Garston. With regard to Garston, however, it should be mentioned that, after approval by the Board of Education and the Ministry of Health, suitable premises have been purchased by the City Council for the purposes of Infant Welfare and School Clinics, in which it was proposed to establish a Cleansing Centre. Unfortunately, the Board of Education have refused their sanction to proceed with the necessary alteration. The need for a Cleansing Centre in West Toxteth is also particularly urgent.

During the year two additional Health Visitors were appointed specially to deal, in a comprehensive manner, with the question of uncleanliness in some of the worst schools; the schools selected being ones within easy access of the Mansfield Street Cleansing Station.

Under this scheme, it was only possible to undertake the work in a few schools, and it was found that on the first examination of the children in the schools selected, the proportion of the children found to be infected with vermin varied between 25 and 79 per cent. The infection, which was chiefly in the heads, was found to be about three times more prevalent amongst the girls than amongst the boys. The parents were advised as to the treatment of the conditions found and, where necessary, visits were paid to the homes, and the following up was not relinquished until every child had been satisfactorily dealt with. Unfortunately the school children frequently became re-infected, in all probability, by older members of the household whom, not being under the jurisdiction of the Education Authority, it was impossible to deal with, and whose personal standards of cleanliness it would be a difficult matter to alter. In these circumstances, the complete eradication of verminous conditions is not yet possible, though there can be little doubt but that if a high standard of cleanliness amongst the school children is continuously insisted upon throughout the whole of their school life, a considerable elevation in the general standard of cleanliness should gradually result. With this object in view, these schools have been re-inspected every quarter.

Already a great improvement can be reported, not only in the diminution in the number of children infected, but also in the degree or extent of the infection in those children who were not yet perfectly clean.

The teachers have wholeheartedly co-operated in this work, and some of them have rendered valuable assistance by personally interviewing some of the difficult parents.

The parents have been advised by the Health Visitors to purchase for their use at home special steel combs, which can now be obtained at the cost of 2/6, and some of the parents have done so. Some of the parents who were unable to afford this sum outright, have been assisted by the teachers to purchase them.

Unquestionably this method of dealing with verminous conditions amongst school children, which was started experimentally in a few schools, is fundamentally sound, and the Committee are desirous of extending this scheme so as to deal with a larger number of schools.

The above remarks have dealt solely with the question of verminous conditions, but there are, unfortunately, a very large number of children who are dirty, for the remedy of which condition soap and water only are necessary.

It would materially assist in elevating the general standard of personal cleanliness, if more attention were given in certain of the schools to insisting on the children attending school with cleaner hands and faces. If greater use of the facilities provided in the schools were encouraged or enforced, this would result in a practical object lesson in the principles of personal hygiene.

NUTRITION.

The following tables shew the heights and weights of children attending certain selected average schools in good, fair and poor neighbourhoods; the weights for 1914, and the weights and heights for 1921 being also given for comparison purposes.

Table I.—WEIGHTS—(Recorded in Pounds).

BOYS.

Neighbourhood	5—6			6—7			8—9		12—13			13—14		
	1914	1921	1925	1914	1921	1925	1921	1925	1914	1921	1925	1914	1921	1925
Good	37·7 (499)	40·4 (305)	39·4 (108)	40·8 (245)	42·5 (190)	43·4 (46)	52·4 (446)	53·5 (83)	69·7 (796)	73·4 (365)	75·8 (111)	75·2 (461)	78·2 (63)	85·3 (37)
Fair		39·1 (417)	39·0 (526)		42·6 (146)	42·1 (119)	50·9 (531)	52·2 (308)		70·6 (457)	72·7 (430)		76·7 (64)	75·5 (80)
Poor	36·6 (327)	39·5 (322)	38·3 (463)	39·2 (208)	40·8 (174)	40·6 (95)	50·3 (510)	50·7 (348)	67·0 (443)	66·5 (583)	70·8 (389)	67·5 (313)	72·7 (99)	73·9 (101)

GIRLS.

Neighbourhood.	5—6			6—7			8—9		12—13			13—14		
	1914	1921	1925	1914	1921	1925	1921	1925	1914	1921	1925	1914	1921	1925
Good	37·0 (390)	39·1 (323)	39·0 (100)	40·3 (219)	41·9 (184)	43·4 (50)	51·8 (428)	52·2 (88)	70·8 (653)	74·1 (417)	77·2 (125)	80·5 (350)	81·5 (69)	83·2 (32)
Fair		38·0 (432)	38·6 (504)		40·7 (174)	40·1 (113)	49·7 (580)	50·7 (375)		75·5 (530)	74·3 (436)		78·1 (89)	79·8 (145)
Poor	36·2 (226)	37·5 (303)	37·3 (439)	40·6 (119)	39·4 (208)	39·7 (90)	48·8 (489)	49·0 (340)	67·5 (398)	69·9 (515)	70·3 (477)	73·4 (303)	77·9 (85)	74·3 (103)

The numbers in brackets refer to the numbers examined.

Table 2.—HEIGHTS—(Recorded in Inches).

BOYS.

Neighbourhood.	5—6		6—7		8—9		12—13		13—14	
	1921	1925	1921	1925	1921	1925	1921	1925	1921	1925
Good	41·8 (305)	41·6 (108)	43·2 (190)	43·7 (46)	47·6 (446)	48·2 (83)	54·8 (365)	55·2 (111)	55·8 (63)	56·1 (37)
Fair	41·2 (417)	41·2 (526)	42·5 (146)	42·1 (119)	47·5 (531)	48·9 (308)	53·7 (457)	54·3 (430)	55·4 (64)	55·5 (80)
Poor	40·4 (322)	40·2 (463)	41·6 (174)	41·7 (95)	45·9 (510)	46·3 (348)	53·0 (583)	53·5 (389)	54·0 (99)	54·5 (101)

GIRLS.

Neighbourhood.	5—6		6—7		8—9		12—13		13—14	
	1921	1925	1921	1925	1921	1925	1921	1925	1921	1925
Good	41·3 (323)	41·4 (100)	42·9 (184)	43·9 (50)	47·5 (428)	47·5 (88)	55·1 (417)	55·6 (125)	57·1 (69)	57·5 (32)
Fair	40·7 (432)	41·3 (504)	42·1 (174)	42·4 (113)	46·7 (580)	47·0 (375)	54·3 (530)	54·9 (436)	56·2 (89)	56·3 (145)
Poor	39·8 (303)	40·3 (439)	41·2 (208)	41·3 (90)	45·8 (489)	46·1 (340)	53·1 (515)	53·5 (477)	54·6 (85)	54·5 (103)

The numbers in brackets refer to the numbers examined.

It will be observed that there has been a considerable improvement in the average weights since 1914. Despite this improvement there are nevertheless a large number of children in the City malnourished or debilitated, and the remedying of this condition presents a somewhat formidable problem. The problem should be considered under the headings of causation, prevention and amelioration.

(1) Causation.—It must not be assumed that malnutrition is necessarily associated with poverty, for quite a number of cases come from homes where this factor can be ruled out, whilst conversely, it is often the case that well-nourished children are met with who come from poor homes. The truth is that malnutrition results from one or more of many contributory factors. The most important of these met with in this City is improper feeding, as is evidenced by investigations carried out by the staff over a period of years into the dietaries of malnourished children, which have shewn that the diet of a great majority of these children consists mainly of carbohydrates (starchy foods) in the form of bread and potatoes, whilst there is a marked deficiency in fats and animal proteids which are the main tissue-forming foods, and also vitamines. In cases coming from the poorer homes, the average weekly dietary shews a monotonous uniformity. Thus the family may have a small portion of meat on Sunday, what is left over being made up along with some vegetables into stews on one or two other days in the week, and it is known that in the process of prolonged stewing the vitamines are destroyed. The remaining dietary for the week usually consists of bread and margarine and tea, with occasionally some jam or syrup in place of the margarine. The manifest deficiencies in the above dietary could be partly made good in the case of children, by taking in addition fresh milk, but, except in the case of infants, fresh milk is seldom utilised in the homes of the poor, condensed milk being very largely used for addition to the tea, which is drunk freely at almost every meal.

Insufficient food is fortunately, owing to the various relief agencies, such as unemployment benefit, poor law relief, free meals, etc., comparatively seldom a cause of this condition.

Other contributory factors include certain acute and chronic illnesses, enlarged tonsils and adenoids, decayed teeth, and the living in unhygienic surroundings, such as overcrowded and badly ventilated rooms.

Many of these children have symptoms suggestive of tuberculosis and some might be conveniently classified as pre-tuberculous, if such a term be accepted; large numbers are frequently away from school for longer or shorter periods on account of debility.

(2) Prevention.—The prevention of the cases of malnutrition, which are due to environmental conditions, such as overcrowding and bad housing, does not lie with the Education Authority; this observation also applies in a large measure to those cases due to economic factors, though Education Authorities have power to provide meals for children who, by reason of lack of food, are unable to take full advantage of the education provided for them. On the other hand, the prevention of those cases, attributable to improper feeding, which, as previously mentioned, form the large majority of the cases, can only be satisfactorily dealt with on educational lines.

Within recent years research workers in many countries have been studying the problem of dietetics, and a considerable amount of new knowledge has been thereby acquired. This research has revealed the fact that a large section of the population is living on a diet which, though in most cases sufficient in quantity, is deficient in certain constituents essential for satisfactory growth and the maintenance of health.

The education of the people in the essential elements of the up-to-date principles of feeding is very important, in order to assist them in laying out what money they may have available for food

supplies to the best advantage, from the point of view of securing all the necessary food factors essential for a balanced diet. One valuable method of imparting such knowledge is by instructing the senior boys and girls in the schools in the modern principles of diet, and in the preparation of foods. This could be done in connection with the Hygiene lessons. Although lessons in cookery are given to the senior girls, there is good evidence that in the poorer districts very little cooking is done in the homes, except the preparation of stews, and further that many of the parents frequently fail to appreciate that the instruction given to the children might, with advantage, be put to practical use in the homes.

(3) Amelioration.—Where errors of diet are responsible, these errors are pointed out, and advice given to the parents as far as practicable, either by the doctor at the schools or by the health visitor at the homes.

In many instances the particular error of diet is a deficiency of fat and certain vitamines; such children improve considerably by the administration of cod liver oil and fresh milk, which are supplied by the Liverpool Child Welfare Association, when recommended by the School Medical Officers.

Where poverty is the cause, the children can obtain free meals through the Education Committee, provided that the family is not in receipt of adequate relief from other agencies.

Where the condition is due to constitutional causes, the children benefit considerably from convalescent home treatment; such accommodation, however, is, unfortunately, limited, and as the demand upon it is very considerable, it is only possible to retain the children at the homes for a comparatively limited period. Although some of the children receive permanent benefit thereby, many, unfortunately, subsequently relapse; it is for such children that open-air schools, both residential and day, are particularly desirable. It is gratifying to report that during the year the Education Committee came to an arrangement with the Committee

of the Chest Hospital to retain 30 beds at a residential open-air school shortly to be opened near Caldy, in Wirral, but it is hoped that the Committe will, at an early date, consider the question of providing also one or two day open-air schools, for which there is a real need.

PROVISION OF MEALS.

Under Sections 82-85 of the Education Act, 1921, free meals are provided for necessitous school children on week-days during term time and also during school holidays.

When referring to the subject of Malnutrition, it was stated that this condition was due in the majority of cases to deficiencies of certain accessory food factors, fats and the right quality of proteids in the diets. From this it will be seen that the object of the free meals should be, as far as possible, to supply these deficiencies, and in the drawing up of a dietary scale these points should always receive careful consideration.

Head Teachers, on being satisfied that children are in need, are permitted to issue coupons provisionally, reporting the cases to the Director of Education at the end of the week. Full enquiries by the School Attendance Staff into the family circumstances having been made, the cases are submitted to a Rota of the Children's Meals Sub-Committee, who decide for what period the coupons, if allowed shall be continued. Except in very special cases, this period never extends beyond two months, at the end of which time the family circumstances are again investigated. The Rota (Meals) Sub-Committee met on 21 occasions during the twelve months ended 31st December, 1925.

No charge is made to the parents, but meals are declined if it is considered that the parents are in a position to pay. In cases found to be receiving Poor Law Relief, provided that such relief is not supplemental to Unemployment Insurance Benefit, the Guardians are notified, and if they report that the relief granted is adequate, meal coupons are refused.

The Report Forms, giving particulars of the home circumstances of the families as investigated by the School Attendance Officers, after being considered by the Rota (Meals) Sub-Committee, are forwarded to the Liverpool Council of Voluntary Aid, who keep this Sub-Committee acquainted with the activities of other organisations in regard to assistance, if any, afforded to families whose children are in receipt of free meals.

Before any prolonged holiday, the Head Teachers are requested to submit lists of children who, in their opinion, would suffer if meals were discontinued during the vacation, and the Committee have arranged for dinners to be supplied to these children throughout the vacation. During vacations the numbers were about 60 per cent. of the average during school terms.

The meals are cooked at six Day Industrial and Special Schools, where cooking facilities exist, and from these schools the food, except in the case of the outlying districts, is distributed to six other Feeding Centres. Some of the schools where the cooking is done are also used as Feeding Centres.

There are also local caterers, chiefly in the outskirts, who provide meals for small groups of children who cannot be dealt with at the other Feeding Centres.

At each meeting of the Children's Meals Sub-Committee, members of the Committee are elected to form a Rota for visiting Dining Centres for the ensuing month. On such occasions the members are accompanied by the Director of Education and the School Medical Officer. In addition, members pay frequent visits to the Centres at their own convenience.

There are 116 schools in the City in which free meal coupons are being issued to necessitous school children out of a total of 166 elementary schools.

The Dining Centres were open on 312 days during the year, and the total number of meals supplied was 500,240, the daily average number of children who received meals being 1,603.3.

During the first school week of 1925, the number of meals provided was 9,893. The number varied during the year, the lowest being 6,142 in August, the highest 12,254 in December.

VACCINATION.

The investigation into the question of the numbers of unvaccinated children and the degree of immunity of those vaccinated, as evidenced by the number of visible vaccination scars, which was carried out over a period of about nine months during 1924, has been continued during this year. The observations were made at the routine examinations of the entrants, intermediates, and leavers, and the results are summarised in the accompanying table. The percentage of unvaccinated children (16.3) in Liverpool compares very favourably with the returns of the vaccination officers for the country as a whole for the past twelve years, which reveal about 56 per cent. of children unvaccinated throughout England and Wales.

Table 3.

Code Group.	Number examined.	Vaccinated.					Not Vaccinated
		One mark.	Two marks.	Three marks.	Four marks.	Total.	
Entrants	10,756	19·2%	9·0%	5·4%	46·9%	80·5%	19·5%
Intermediates ...	7,200	18·4%	9 8%	5·4%	50·7%	84·3%	15·7%
Leavers	7,868	17·2%	9·5%	7·4%	52·2%	86·3%	13·7%
Total	25,824	18·3%	9·4%	6·1%	49·9%	83·7%	16·3%

MINOR AILMENTS.

This term includes various skin diseases, minor injuries, ear diseases, external eye diseases, etc., and of these, ear diseases. scabies and ringworm are reviewed under separate sections elsewhere in this report. A large proportion of the cases, if they are not receiving treatment elsewhere and are unable to afford private treatment, are sent by the teachers to the Minor Ailments Clinics.

These Clinics, by providing regular and skilled treatment, prevent many cases from becoming serious and secure an earlier return to school in the case of absentees. There are now 7 of these Clinics provided by the Committee, an additional one having been opened in March at the Westminster Road Congregational Church Schoolrooms to serve the Kirkdale district.

During the year, 17,417 cases were treated at the Minor Ailments Clinics, the average daily attendance on school days being 1,030. The average daily attendance at each of the Clinics is shewn in the accompanying table, but the numbers attending fluctuate very considerably in several of the Clinics, the maximum attendance being nearly double that of the average daily attendance; the following were the three highest maximum attendances: North Corporation Clinic 381, St. Dunstan's Clinic 306, St. Gabriel's Clinic 303, the average attendances at these Clinics being 187, 160, and 178 respectively. When these variations in attendances are taken into consideration it will be appreciated how difficult a matter it is to arrange that the children should be treated immediately on their arrival at the Clinic, though every effort is made to minimise any delay by carefully arranging the time-table for the attendances of the children from the different schools.

The attendances on Saturdays and school holidays were, however, very small, being only about one-tenth of that on school days.

From the accompanying table it will be seen that, so far as the conditions treated are concerned, the largest numbers of cases come under the heading of Miscellaneous Defects, which includes septic sores, minor injuries, etc.; the next largest being cases of impetigo, about two-thirds of the cases treated coming under these two categories. Altogether 258,469 attendances were made during the year, the average attendance per case being 14.8, this figure being mainly kept up by the large numbers of chronic cases of suppurative otitis media, requiring daily treatment at the Clinics over an extended period.

This average would be considerably reduced if it were possible to secure a more speedy cure for these cases and their treatment by means of zinc ionisation, which is at present being tried, shews considerable prospects of success.

Table 4.

Shewing the Number of Defects Treated at Minor Ailments Clinics and the Average Daily Attendance at each Clinic.

Defects Treated.	Name of Clinic.							Totals.
	Erskine Street.	North Corporation.	St. Gabriel's.	St. Dunstan's.	Old Swan.	Garston.	Westminster Road.	
Skin Defects—								
Ringworm of the Body	56	62	48	38	24	18	37	283
Impetigo...	974	811	820	990	233	131	681	4,640
Other Defects	177	177	124	69	108	74	101	830
Ear Conditions—								
Wax	24	103	42	12	23	18	90	312
Otorrhoea	327	327	272	202	80	100	220	1,528
Others	68	19	50	40	30	27	7	241
External Eye Diseases ...	487	778	383	236	131	102	495	2,612
Miscellaneous Defects (Sores, Minor Injuries, etc.) ...	1,408	968	1,808	1,004	732	629	422	6,971
Totals	3,521	3,245	3,547	2,591	1,361	1,099	2,053	17,417
Average daily attendance ...	185·8	160·6	151·6	135·5	72·4	68·6	109·5	884·0
Average daily attendance excluding holidays ...	216·2	187·3	178·4	160·0	84·1	79·8	124·6	1,030·4

RINGWORM.

The majority of cases of ringworm of the body were treated at the Minor Ailments Clinics. The disease, when it attacks the skin alone is, fortunately, easy to cure, and the children are fit to return to school after a few days' treatment at the Clinics.

Ringworm of the scalp is, however, a disease which is very difficult to cure by ordinary medicaments, but, fortunately, is comparatively rapidly cured by means of the X-Rays. The increasing popularity of this form of treatment is shewn by the progressive increase in the proportion of parents accepting this form of treatment at the Clinic during the past five years, which was 30, 32, 34, 37, and 52 per cent. respectively, whilst, in addition, a small but increasing number have been treated by X-Rays elsewhere.

All cases of ringworm, mild or severe, occurring at any age over three years, are suitable for treatment by this method. There are practically no contra-indications to its use, and if it were possible to employ the method in all of the cases, there is every prospect that the disease might be almost stamped out.

There were 426 actual cases of ringworm of the scalp reported during 1925, as compared with 411 in 1924, 486 in 1923, and 496 in 1922. X-Ray treatment was carried out in 223 cases at the Clinic, and in 17 cases elsewhere.

There has been also a steady reduction in the numbers of children away from school at any one time, as is shewn by the following figures of the cases outstanding at the end of the years 1921 to 1925, viz., 288, 261, 252, 217, 179, respectively.

The following table shews in percentages the duration of the cases outstanding at the end of the year, the figures for the three years being also given for the purpose of comparison.

Table 5.

Duration.	1922.	1923.	1924.	1925.
Under 3 months	15·5	25·9	33·3	24·4
3 to 6 months	39·8	31·1	34·9	27·4
6 to 9 months	23·0	23·6	17·5	23·8
9 to 12 months	11·5	7·9	5·8	11·3
12 to 18 months	5·8	8·3	5·8	4·8
Over 18 months	4·4	3·2	2·7	8·3
	100·0	100·0	100·0	100·0

SCABIES.

The number of children suffering from this disease continues to decline, the figures for the year being 252 as compared with 267 in 1924, 449 in 1923, and 898 in 1921.

The number of cases outstanding at the end of the year was 28, as compared with 46 at the end of 1924, and 54 at the end of 1923.

Provision is made for the treatment of Scabies at the Beacon Street Cleansing Station, and 94 cases were treated there during the year. Experience has shewn that the period of absence from school, necessary for those children suffering from this disease, has been considerably diminished by treatment at this Clinic, the children being able on an average to return to school within a week or two of treatment, as compared with an average of several months' absence from school for cases otherwise treated.

TONSILS AND ADENOIDS.

The number of children found at the routine examinations to require treatment for these conditions was 476, (i.e., 1·6 per cent.), a slightly higher proportion than that found during the three

preceding years. In addition, 487 children requiring treatment for these defects were seen as Special Cases.

Mr. Courtenay Yorke, the Committee's Surgeon, considers that the existence of enlarged tonsils and adenoids is not, *per se*, sufficient justification for operative interference unless, in addition to their enlargement, there is evidence that the child's health is being undermined.

In a considerable number of instances, children are found whose tonsils and adenoids are moderately enlarged, and who present symptoms which might be attributable to these conditions, but other conditions, such as chronic nasal catarrh, may also cause similar symptoms, even when unassociated with adenoids. In such doubtful cases, therefore, before a notice is sent advising operation, arrangements are made for the children to attend at the Clinic in order to obtain the opinion of Mr. Yorke; during the year 880 cases were thus examined, in 50 per cent. of which operation was considered necessary.

The Clinic was opened on 68 occasions, on an average 11·6 cases being treated per session, a very satisfactory average seeing that only 12 beds are available.

The total number of cases treated was 789, as compared with 566 and 503 treated during the previous two years. The operations were as follows:—

Tonsils only	559
Adenoids only	122
Tonsils and Adenoids	108
Total ...	789

In 53 cases hæmorrhage supervened after the removal of enlarged tonsils, and in these cases it was necessary to use the special clamp; as a result, no cases of severe hæmorrhage occurred.

Adenoid growths often produce a mechanical obstruction to breathing through the nose, and this, apart from giving the child an unintelligent appearance, predisposes it to catarrhal effects of the nasal passages and lungs.

Even after operation this practice of breathing through the mouth is likely to continue because it has become a habit. Formerly it was the custom to instruct the parent in the carrying out at home of special breathing exercises to remedy this condition—advice that was either not carried out at all, or for an insufficient length of time to secure the new habit of breathing through the nose. The practice now, however, is to instruct the children to attend at the Remedial Exercises Clinic for re-education in the correct manner of breathing.

DISEASES OF THE EAR.

At the routine and special examinations 733 children were found to be suffering from discharging ears, whilst 263 were reported with defective hearing and 136 with other ear diseases.

From an analysis of the figures over a period of years it is found that beween 1·5 and 2 per cent. of the school children suffer with discharging ears during the course of any one year, which represents about 2,500 children, and there are always between 400 and 500 such cases in constant attendance at the several Minor Ailments Clinics.

Inflammation of the middle ear (otitis media) is by far the commonest of all ear diseases, and is usually associated with a discharge which frequently becomes chronic. Otitis media is more common amongst the children in the poorer districts, and frequently follows an attack of measles, scarlet fever, influenza or pneumonia in early childhood. This condition practically always produces some impairment of hearing and, as a result of this, very often is responsible for apparent dulness when the child subsequently attends school.

The usual methods of treatment adopted in the past have been the use of special drops, powders or lotions, but the anatomical

arrangement of the ear makes it difficult for such medicaments to reach the bacteria responsible for keeping up the condition. As a result, many cases become chronic, and the parents discontinue the treatment. In such chronic cases the discharge often becomes offensive, and renders the child's presence in school objectionable.

Apart from this objection there are potential dangers, for serious complications may result, as the disease may extend into the bones of the skull or may result in meningitis or abscess of the brain. In cases where such complications seem likely to arise, operative treatment is indicated, usually that known as the "radical mastoid operation."

In the last Annual Report the treatment of this disease by means of zinc ionisation was referred to, and it was mentioned that this method was being given a continued trial. Since that time certain modifications in the technique have been introduced, with gratifying results, and the proportion of cases successfully treated considerably increased; in some of the long-standing cases the results have been quite remarkable. It would, however, be premature to give statistical results until several hundred cases have been treated by this method.

Mr. Yorke, the Surgeon at the Aural Clinic, reports that in at least 25 per cent. of the cases with otorrhœa, the trouble was long-standing and was associated with disease of the bone, and no real improvement was found to occur in such cases by palliatives such as ear drops or syringing. The view is strongly held that such cases should be operated on without undue delay, and before the disease extends too widely into the bone of the ear. Whilst it is true that the mastoid operation does not always completely stop the discharge, it can be relied upon to remove pain, to make the ear much cleaner, and to avert the risk of those grave complications which are so prone to occur.

Mr. Yorke arranged to treat some of these children at the Stanley Hospital, and performed the radical mastoid operation on 40 of these cases. They all quickly recovered from the operation, and

in almost every case the improvement in the condition of the ear has been very marked. In at least one half of these cases, pus was found at the operation in the mastoid bone in very close proximity to the brain.

The following table shews, in detail, the classification of the cases and the nature of the work undertaken at the Clinic during the year. The Clinic was opened on 60 occasions, the average attendance being 18·6.

Table 6.

	New Cases	Re-examinations	Individua Children
No. of examinations by Aural Specialist...	564	553	832

New Cases.

Chronic Suppurative Otitis Media:—			
Active: One ear...	248	316	452
,, Both ears	68		
Quiescent		136	
Catarrhal middle ear deafness			217
Congenital deafness			1
Skin disease of external ear			10
Stenosis of meatus			6
Furuncle			4
Other defects			34

Re-examinations.

Number of cases re-examined once	174
Number of cases re-examined twice	49
Number of cases re-examined three times ...	37
Number of cases re-examined more than three times	33
Total number of re-examinations	553

	Improved Treatment Discontinued.	Treatment Continued.
Chronic suppurative otitis media ...	62	200
Deafness	9	11
Other conditions	5	3

Treatment Given.

Granulations removed	13
Wax, debris, etc., removed	92
Polypi removed	8

Advice Given.

Referred to Minor Ailments Clinic	344
Referred for Home treatment	69
Referred to Hospital	11
Referred for Tonsils and Adenoids removal ...	34
Referred for Mastoid operation (including 19 brought forward from 1924)	111*
Referred for breathing exercises	47
Referred for Remedial Exercises Clinic	18
Referred for School for Deaf	3
Cases in which no treatment was considered possible	39
Cases in which no treatment was considered necessary	108

*Operation performed	40
Awaiting operation	53
Parents decline operation	11
Operation deferred	7
	111

DENTAL INSPECTION AND TREATMENT.

The following table shews the work carried out under the Dental Scheme during the year, as compared with the four previous years:

Table 7.

	1921.	1922.	1923.	1924.	1925.
Number of children examined in School	21,556	29,772	37,828	42,132	53,468
Number of children requiring treatment	17,750 (82·3%)	23,265 (78·2%)	32,603 (86·1%)	34,488 (81·8%	42,368 (79·2%)
Number of cases accepting treatment	7,580	9,418	8,872	10,873	13,294
Number of cases treated ...	5,859	6,828	8,957	9,477	12,461
Number of Schools visited	50	62	61	62	80

The following table shews the percentages of the children requiring treatment at each age period (routine cases only), and from this table it will be observed that in the older age groups there is more or less progressive decline in this percentage:—

Table 8.

Age.	Percentage requiring treatment in 1925.
6	80·5
7	85·0
8	84·4
9	81·5
10	79·3
11	75·7
12	72·8
13	73·9
14	72·2
Average	78·9

The same four Dental Clinics have been in operation as in previous years, viz., the Dental Hospital; St. Gabriel's School, Beaufort Street; Addison Street; and Netherfield Road. The staff has, however, been increased by the appointment of one assistant whole-time Dentist, who commenced his duties in August. In addition to the work of the two whole-time Dentists, the five part-time Dentists have worked on an aggregate 23 sessions per week, so that the whole Dental Staff now engaged is practically the equivalent of four whole-time Dentists.

Out of the total of 166 Public Elementary Schools in the City, 89 are included in the list for inspection and treatment, but it was only found possible to deal with 80 during the year, which is 18 more than were completed the previous year. Had the services of the extra Dentist been available for the complete year, the whole of these 89 schools would have been treated, and it is expected that in 1926 this will be done.

The increase in the number of acceptances of dental treatment by the parents on behalf of their children, which was referred to in the last Report, has been maintained, and is largely due to the steps taken to interest the children and their parents in the need for Dental Hygiene and early treatment. This propaganda work has taken the form of talks to the children, and in some cases to the parents, and the inclusion with every dental notice of a simple leaflet, a copy of which was inserted in the last Annual Report. This leaflet has had a considerable effect in enlightening the parents on this subject. In addition, the Senior School Dentist, whilst supervising the work of Dental Inspection, has taken the opportunity afforded him by the Head Teachers of giving brief talks of about a quarter-of-an-hour's duration to all the children who could be assembled. These talks have been made as bright and interesting as possible, and the children have never failed to be interested.

At one school, on receipt of the dental notices for distribution to the children, the Head Teacher invited the parents of these children to attend at the school. Tea was provided by the School Managers, and the School Dentist, who was present, explained the Dental Scheme; the parents were interested, and many questions were asked. The dental notices were then distributed, and in many cases the parents signed the acceptance forms forthwith. As a consequence there was a marked increase in the number of acceptances at this school, and undoubtedly this method of impressing on the parents the advantages of the Dental Scheme will have lasting beneficial results.

The acceptances at another school are particularly worthy of mention, where out of 238 children referred for treatment, 193 accepted. The credit for this excellent result must be attributed to the enthusiasm of the Head Teachers concerned.

The students, under the supervision of the School Dentists, continued to assist at the Dental Hospital Clinic up to the end of the year, when the sanction of the Board of Education for their employment was withdrawn. The work of these students has always been of a high order, and Professor Gilmour has always willingly given the benefit of his advice and his great experience.

The School Dentists again report a marked improvement in the oral condition of those children who attend the Clinics whenever advised, as compared with those who attend only irregularly. It is satisfactory to record that the majority who accept treatment in the first year of inspection subsequently attend regularly, whenever advised.

The loss of the child's school attendance mark through visiting the Clinic, is still regarded as contributing somewhat to the number of refusals of dental treatment on the part of the parents, a large number of whom made enquiries as to whether the child would lose his school attendance mark when visiting the Clinic.

Table 9.

Details of the Work undertaken at the various Dental Clinics during 1925.

Clinic	Half-Days devoted to			Attendances made by children for treatment.	Fillings			Extractions.			Administrations of general anaesthetics for extractions.	Other Operations.		
	Inspection.	Treatment.	Total		Permanent Teeth.	Temporary Teeth.	Total	Permanent Teeth.	Temporary Teeth.	Total		Permanent Teeth.	Temporary Teeth.	Totals
Addison Street ...	87	279	366	3,929	1,191	33	1,224	1,221	4,055	5,276	2,166	121	6	127
Dental Hospital ...	148	460	608	8,080	2,711	321	3,032	1,617	8,079	9,696	4,196	249	2	251
St. Gabriel's	78	324	402	4,850	1,294	66	1,360	1,391	5,994	7,385	3,022	106	—	106
Netherfield Road ...	53	263	316	3,907	1,312	21	1,333	850	3,711	4,561	1,942	134	10	144
Totals ...	366	1,326	1,692	20,766	6,508	441	6,946	5,079	21,839	26,918	11,326	610	18	628

STAMMERING.

The number of children in the schools known to the Department to be stammerers at the end of 1925 was approximately 600, boys preponderating in the proportion of about five to one.

At the routine examinations 0.2 per cent. of the entrants were found to be stammerers, 0.3 per cent. of the intermediates and 0.7 of the leavers. This speech defect varies in severity from a slight occasional stammer to an impediment of so serious a degree as seriously to impair the future prospects of the unfortunate sufferer.

Several Educational Authorities have undertaken its treatment by the formation of special classes for stammering children. In one area, where a subsequent enquiry was made into the results of treatment, it was reported that in over 75 per cent. normal speech had been restored. The success of such classes depends very largely on the training, skill and personality of the teacher.

When it is appreciated that stammering is so serious a handicap in the competition for employment it is much to be regretted that no special classes for stammerers are available for such children in Liverpool.

EXTERNAL EYE DISEASES.

Under this heading are included Blepharitis, Conjunctivitis, Keratitis and Corneal Ulcers. There were 474 cases (or just over 1.7 per cent.) discovered at the routine examinations, one-half of which were suffering from Blepharitis. In addition, 386 cases were also seen as "specials." Many of these cases, particularly Blepharitis, are chronic when first discovered, a large number of them having commenced during pre-school life, most frequently as a sequel of an attack of Measles.

DEFECTIVE VISION.

The number of children with defective vision found at the routine examinations of the intermediates and leavers was 3,309, or 19.8 per cent. The routine testing of the vision is not carried out in

the case of the entrants, but 812 of the entrants were found to have defective vision, attention having been drawn to the defect in most of these cases by the presence of squint.

Of the cases of defective vision met with at the routine examinations 42.1 per cent. were previously known to the department, and the majority of these had already been supplied with glasses.

In addition to the cases of defective vision seen at the routine examinations, 1,298 other children were also specially examined re this defect at the request of the teachers.

At the re-inspections of the schools 12,666 children, who had been provided with glasses, were seen, and of these 33 per cent. were found not to be wearing them, which is 2 per cent. worse than the figures recorded in 1924. In some schools, particularly in the poorer districts, the figures were as high as 65 per cent., which means a considerable waste of the money expended by the Committee in providing the glasses. Furthermore, it implies that these defective-sighted children are not deriving as much benefit from the education provided as they ought to do.

Primarily, it is the duty of the parents to see that the glasses are worn regularly, but the parents frequently fail in this duty and, in such cases, the remedy lies almost solely in the hands of the teachers. In some schools, in which the teachers have co-operated fully by insisting on the glasses being worn regularly and by reporting promptly cases in which the glasses are lost or broken, the number of children attending without their glasses has been reduced to a minimum. In view of the success obtained in these schools, it is felt that much more could be done by other teachers to diminish the unnecessarily large proportion of children not wearing their glasses.

The number of new cases treated under the Committee's scheme was 3,333 as compared with 3,862 in 1924, whilst 200 children were treated privately or at the Hospitals. The numbers re-examined at the Clinics were 2,209, slightly less than in 1924.

Dr. Livsey, the Committee's Oculist at the Eye Clinics, reports that he seldom now sees cases of serious inflammation and ulceration of the cornea, which were formerly so frequent. In his opinion this great improvement is largely due to the valuable work of the Minor Ailments Clinics.

Many cases of defective vision amongst school children are associated with squint. This is generally due to the need of glasses, and is either alternating or confined to one eye only. If alternating in character, vision generally remains good in each eye, as both are kept in alternate use from time to time and the disfigurement is the prominent feature.

When the squint is confined to one eye only, double vision at the outset results and, in order to overcome this, the vision in the squinting eye is unconsciously suppressed. The suppression of vision in this eye rapidly results in deterioration of vision.

These squints often come on two or three years before school age, and, from ignorance, advice is often not sought, although the Eye Hospitals would certainly treat such cases. Parents often deliberately postpone treatment because they know that such will be forthcoming when the child goes to school. During this period of waiting, however, the squint becomes permanent and much valuable sight is lost, which can never be regained. The explanation of this to parents often causes profound distress, as they are, of course, ignorant of the effect of a squint on the vision of an eye.

The treatment of squint in pre-school life is, therefore, of supreme importance, and some definite scheme for dealing with such cases is very desirable. The efficacy of glasses to correct the squint is largely dependent upon their early provision, but only too often when school age is reached the loss of vision in a squinting

eye has, owing to delay in obtaining treatment, become very marked and is often irretrievable. Operation is sometimes advised later on in school life for the correction of the squint, but such operative treatment does not improve the vision and, in the majority of cases, is advised for aesthetic reasons only. The early provision of glasses in pre-school life, with the increased chance of cure of the squint and the retention of vision, is of greater importance than operations later in school life.

TUBERCULOSIS.

The School Medical and Tuberculosis Departments are in constant inter-communication with reference to cases or suspected cases of Tuberculosis, the latter department securing for the definite cases whatever treatment may be necessary, whilst the School Medical Department undertakes the necessary treatment for such defects as enlarged tonsils and adenoids or defective teeth when requested by the Tuberculosis Officers. The number of references to the Tuberculosis Department was 207, whilst the Tuberculosis Department supplied information with reference to cases of school children who had been reported from various sources as possible cases of tuberculosis. A large proportion of these, however, proved to be non-tuberculous. In all, 2,369 references were received.

At the routine inspections of the children, 8 definite and 13 doubtful cases of Phthisis were discovered, and in addition 56 cases of tuberculous glands, and 62 cases of other forms, a total of 139 cases, which represents 0.48 per cent. of the routine cases.

There were also examined 123 definite or suspected pulmonary cases, and 172 other forms of tuberculosis at the Inspection Clinics or as special cases at the schools.

There were thus examined during the year, amongst the routine cases and special cases, 434 children suspected as suffering from tuberculosis; 144 of these were pulmonary cases, 142 glandular, and 148 other forms of the disease.

At the end of the year the total number of children of school age known to the Department to be suffering from pulmonary tuberculosis was 402, whilst the non-pulmonary cases numbered 321. Of the 402 cases of pulmonary tuberculosis, 164 were in Institutions, 107 of which were at Fazakerley and Highfield Sanatoria, where special open-air classes are arranged for those children whose state of health permits.

Dr. Rundle, the Medical Superintendent of the Fazakerley Sanatorium, reports as follows:—

> The average number of children of school age under treatment throughout the year shews little change from that of previous years. The numbers receiving instruction by teachers at the close of the year were as follows:—
>
> (1) Pulmonary, negative sputum ... 40
>
> (2) Pulmonary, positive sputum ... 20
>
> (3) Non-Pulmonary 3
>
> The progress reports for the year again afford evidence of the marked increase in knowledge of elementary subjects, which it is possible to effect in a Sanatorium School. As an extreme instance the case may be quoted of a girl, aged 14, who had never previously attended school, and who was, in consequence, unable to recognise the letters of the alphabet. In three months she was able to read, and enjoy book stories of a simple character.

During the latter months of the year Arc-light therapy has been employed in the treatment of a limited number of children suffering from tuberculosis, mainly pulmonary cases. The apparatus in use at Fazakerley is a 75 Ampére Carbon Arc equipment running 2 lamps in parallel, with a 70 Volt current. The following extract from a recent report to the Ministry of Health indicates the result of this treatment, in so far as a limited trial makes a statement possible:—

> The following figures are fairly representative of the change of weight observed in children undergoing treatment in whom accurate estimations are possible. It should be stated that these children represent cases selected by reason of their poor development and retarded growth for treatment.

Age, in years.	No. of cases.	Average total exposures (hours).	Average duration of treatment (months.)	Average gain in weight. (lbs.).
Under 5	5	37	$4\frac{3}{4}$	$2\frac{7}{16}$
5—7	10	37	$4\frac{1}{2}$	3
7—9	6	52	$4\frac{1}{4}$	$3\frac{7}{24}$
9—11	1	21	$3\frac{1}{2}$	$1\frac{1}{4}$
11—12	2	50	$5\frac{3}{4}$	$3\frac{1}{2}$
12—13	1	130	9	$5\frac{1}{4}$
13—14	1	40	$2\frac{1}{4}$	7
14 and over	3	125	9	12

X-Ray films are made of all cases before and after treatment. In prolonged cases these are also recorded in the course of treatment.

Films are filed away in the X-Ray Department for reference, and in numerous cases present striking evidence of the progress which has been made by non-pulmonary cases in the course of Arc-light exposures.

There can be no question of the exhilaration and stimulus experienced by patients as the immediate result of exposure. A feeling of well-being is common, with few exceptions, to all who have been subjected to a course of Arc light. In pulmonary cases this tonic effect is more transient than in tuberculosis of other organs, and is followed by a corresponding reaction, unless the dosage is very carefully controlled.

Perhaps the most striking results in this direction have been observed in the case of children. In the young, the natural absence of restraint makes it easy to observe an increased alertness resulting from physical and mental stimulus. That this change is not merely a transitory phenomenon is demonstrated by the important gain in weight ratio which so many of these cases exhibit, and by their improved capacity for progressive study at school. In the latter direction much useful and unbiased information is afforded by the statements of experienced teachers, who have opportunities for the observation of individual children for lengthy periods before, and during, a course of Arc-light treatment. The number of children who are in attendance at school, and who are also receiving Arc-light therapy, is as yet limited, and final judgment is not yet possible, but attention has already been drawn to a development of mental qualities in some pupils, which has facilitated to a marked degree their ability and readiness under tuition,

Dr. Macintyre, the Medical Superintendent of the Highfield Sanatorium, reports that the average number of children on roll for the year was 44, and the average attendance 40, whilst 82 children passed through the school during the year. The school has been conducted on the same lines as during the previous year, but it was felt that the task of dealing with 40 children of ages varying from 4 to 15 years was more than could be satisfactorily coped with by one teacher. A second teacher was consequently appointed, and commenced duty in November.

Apart from dealing more satisfactorily with the lower grades, which include a number of backward children of older ages as well as the younger children, it is felt that more time can now be allotted to handwork than previously, including raffia and cane work, cardboard modelling and fretwork, while at the same time paying special attention, as hitherto, to reading, writing, arithmetic, etc.

The value of the school as an adjunct to treatment, becomes increasingly obvious in the response made to carefully graded mental occupation.

A considerable proportion of the Liverpool school children suffering from surgical tuberculosis are treated at the Leasowe Open-Air Hospital for Children, which is recognised by the Board of Education as a Hospital School.

EXCLUSIONS FROM SCHOOLS.

The following Table shews the number of children excluded from school by the Medical Officers in the course of their inspections, or at the various Inspection or Treatment Clinics, and the defects for which they were excluded. The numbers for the two preceding years are also given for comparison.

Table 10.

Defect.	1923	1924	1925
Eye diseases	798	475	272
Scabies	250	132	143
Ringworm of body	180	204	107
Ringworm of scalp	250	222	248
Other skin conditions	654	383	182
Infectious diseases	234	193	208
Infectious diseases (contacts)	—	—	195
Pediculosis	119	134	59
Chest conditions (non-tubercular)	32	27	31
Tuberculosis (all forms)	23	22	12
Otorrhoea	13	19	8
Miscellaneous	218	307	267
TOTALS	2,771	2,118	1,732

NOTIFICATION OF DEFECTS AND FOLLOWING UP.

The presence of the parents at the routine inspection of their children is always encouraged, and it is gratifying to report that an increased proportion of parents have attended during the past two or three years. In 1925, in the case of the Entrants, 71 per cent. of the parents attended, but only 30.4 per cent. were present at the examination of the Intermediate group, whilst the percentage of parents attending the medical examination of the Leavers was very small, viz. :—6.2.

If treatment is found to be necessary, the parents are informed, either at the time of the examination if they are present, or subsequently by notification from the office.

The following Table shews the number of notices given or sent to parents concerning the various defects for which treatment was considered necessary, the numbers for 1924 being given for comparison.

Table 11.
Notification to Parents re Defects.

Defect.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1924	1925	1924	1925	1924	1925	1924	1925
Defective Vision :—								
A.—Untreated cases	4,052	2,995	773	445	76	65	4,901	3,505
B.—Previously treated cases :								
(i) Glasses lost, broken, or unsuitable	4,277	3,429	70	57	—	—	4,347	3,486
(ii) Glasses not being worn	1,702	1,340	277	230	58	45	2,037	1,615
Eye conditions	135	124	7	3	1	—	143	127
Defective Hearing	30	18	—	—	—	—	30	18
Otorrhœa	118	64	4	2	—	—	122	66
Other Ear conditions	68	59	13	2	2	—	83	61
Enlarged Tonsils and Adenoids	1,132	1,061	141	134	28	21	1,301	1,216
Mouth Breathing	1,001	732	99	68	18	14	1,118	814
Defective Teeth :—								
A.—Referred by School Medical Officers	2,269	1,816	742	423	342	140	3,353	2,379
B.—Referred by School Dentists	34,488	42,368	—	—	—	—	34,488	42,368
Anæmia and Malnutrition	463	471	14	13	1	—	478	484
Skin conditions	155	136	4	2	1	2	160	140
Chest	434	441	10	14	2	—	446	455
Deformities	154	135	10	4	1	—	165	139
Other defects	977	862	76	62	6	7	1,059	931
Totals	51,455	56,051	2,240	1,459	536	294	54,231	57,804

It will be noticed that, on the whole, the number of notices sent out shews a considerable falling off, due to the fact that the number of examinations has considerably decreased, owing to larger calls having to be made upon the services of the medical officers in other directions.

An important exception, however, must be noted in the number of notices sent out re treatment at the Dental Clinics, which have gone up from 34,488 in 1924 to 42,368, due to the dental staff having being increased during the year.

The arrangements for following up cases in which treatment has been recommended, have been fully described in previous Annual Reports.

Table 12 gives the results of the following up, as reported by the different agencies undertaking this work.

Table 12.

Following-up Agencies.	Carried over from previous year.	Referred during 1925.	Total.	Treated.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—								
Vision	2,121	6,154	8,275	5,380 (65·01%)	1,155 (13·96%)	197 (2·38%)	6,732	1,543
Dental: School Dentists' cases	9,537	42,368	51,905	16,008 (30·84%)	25,925 (49·95%)	809 (1·56%)	42,743	9,163
Tonsils and Adenoids	345	1,306	1,651	914 (55·36%)	441 (26·71%)	25 (1 51%)	1,380	271
Ringworm of Scalp ... ... (*re* X-Ray treatment)	17	425	442	214 (48·42%)	221 (50·00%)	1 (0·23%)	436	6
HEALTH VISITORS' STAFF—								
Medical defects	1,030	2,447	3,477	1,424 (40·95%)	1,291 (37·10%)	94 (2·70%)	2,808	669
General Neglect	608	1,451	2,059	1,852 (89·95%)	—	—	1,852	207
Verminous	2,409	8,177	10,586	9,394 (88·74%)	—	—	9,394	1,192
CHILD WELFARE ASSOCIATION—								
Medical defects	182	1,302	1,484	1,205 (81·20%)	59 (3·98%)	3 (0·20%)	1,267	217
OTHER AGENCIES—								
Medical defects	15	104	119	71 (59·66%)	19 (15·97%)	4 (3·36%)	94	25

From a comparison with similar returns given in previous Annual Reports there is, particularly in the case of defective vision and enlarged tonsils and adenoids, a distinct upward tendency in the proportion of cases treated. The proportion of cases of ringworm of the scalp treated by X-Rays has also shewn a steady increase.

In addition to the official following-up agencies, the Child Welfare Association has continued to render very valuable assistance in the direction of securing convalescent treatment, surgical treatment or appliances, and providing special tonics or extra nourishment for children requiring such treatment; in all 1,302 cases were referred to the Association, this being the largest number ever referred during a year.

INSPECTION CLINICS.

In addition to the work undertaken by the School Medical Officers at the schools and at the treatment clinics, the services of the doctors are utilised in the examination of absentees, children requiring certificates for employment and certain special cases at the request of either the parents or the teachers.

These examinations are conducted mainly on Saturday mornings and during school holidays at "Inspection Clinics," which, for the convenience of parents, are held at 13 centres distributed over the City. The total number of cases examined at these centres during the year was 7,178, of which 4,424 examinations were made at the Central Inspection Clinic.

Arrangements have for some years past been in existence with the School Attendance and Care Department whereby all children absent from school for any prolonged period are examined by the School Medical Officers, except such cases as are known to be under regular medical treatment by private practitioners or at institutions, unless, as is sometimes the case, the parents make special request for their children to be examined by the school doctors.

The following Table shews the defects from which the children who were examined with regard to their fitness to attend school,

were suffering, along with the total number of examinations made :—

Table 13.

Examination of Absentees.

Defect.	Children re-admitted to school.	*No. of examinations of children not re-admitted to school.	Total Examinations.
Ringworm of Scalp	479	998	1,477
Scabies	232	231	463
Other skin conditions	63	68	131
Eye diseases	37	132	169
Deafness	2	7	9
Ear diseases	14	26	40
Phthisis and supposed Phthisis	32	187	219
Other chest conditions	68	159	227
Tuberculosis other than Phthisis	78	123	201
Injuries and Other Crippling Defects... ...	29	100	129
Heart	53	205	258
Rheumatism	21	75	96
Anæmia and Debility	83	216	299
Nervous	51	161	212
Other defects	36	100	136
No defect found	14	—	14
Totals	1,292	2,788	4,080

* The figures indicate several examinations of certain of the children, approximately two to each.

REMEDIAL EXERCISES.

The Remedial Exercises Clinic, which was inaugurated towards the end of the previous year, was, during 1925, opened on 91 occasions; 59 sessions for children suffering from spinal curvature and other minor deformities, and 32 sessions for children who have undergone recent operation for adenoids at the School Clinic, or who have adenoids not sufficiently marked to warrant operation, but whom the Surgeon recommends for special breathing exercises.

The Clinic is held at the Liverpool Physical Training College in Bedford Street South on three occasions per week, between the hours of 4.30 and 6 p.m., and is supervised by one of the Senior School Medical Officers.

During the year 65 children attended the physical class, and there were 1,083 attendances in all, with an average attendance of 19.4.

Before admission to the class, children are seen at the Education Office by one of the School Medical Officers, and a record made of their defects, the children being seen again at the office on discharge. As the Clinic is limited, the endeavour has been to obtain the greatest benefit for a few rather than to deal inadequately with a larger number.

In a few cases where the children have been unable to obtain the maximum benefit on account of muscular weakness due to unsuitable or insufficient food, the Liverpool Child Welfare Association has helped by supplying them with Cod Liver Oil, Milk, etc.

The "Breathing Exercises" Class met on 32 occasions, and altogether 143 children attended for this treatment.

The attendances have been very good indeed, especially in the "Physical" Class, but in bad weather the attendance falls off somewhat as, in the majority of cases, the children have to come from long distances.

All the children treated have benefited, some very considerably, and several have been discharged completely cured.

INFECTIOUS DISEASES.

During the year there was a rather high prevalence of infectious sickness, 11,941 cases amongst school children being reported,

chiefly cases of Influenza, Measles, Scarlet Fever and Mumps, the numbers in 1924, 1923, 1922, and 1921, having been 8,630, 11,523, 5,773, and 13,168, respectively.

The recent alteration of the rules of the Board of Education have permitted more flexibility in the measures taken to suppress epidemic diseases. On one occasion only was it necessary to close a whole school, this being necessitated by an outbreak of Influenza. On the other hand, in 67 instances, Infants' Departments had to be closed; 45 for Measles; 2 for Measles and Whooping Cough; 2 for Whooping Cough only; 5 for Influenza; and 13 for other infectious diseases; whilst in 15 cases, closure of one or more classes was resorted to, chiefly for Measles. In only a limited number of cases was the exclusion of children who had not had the disease found to be practicable, for in most cases so many children would have been excluded that it would not have been worth while keeping the school open.

Measles was the most serious infectious disease during 1925, 3878 cases being reported among children of school age. The seriousness of the outbreak will be recognized when it is stated that 406 deaths occurred, the largest number recorded since the year 1918. As is usual, the outbreak occurred mainly in the first quarter of the year.

Scarlet Fever was prevalent in an elementary school in the South-end during a considerable part of the year, and necessitated frequent visits by the Assistant Medical Officer. In several instances it was found that children who had recently been away from school or were still absent on account of sore throats, were really suffering from mild attacks of Scarlet Fever, which had not been recognized.

No considerable outbreak of Diphtheria occurred in any Public Elementary School during 1925. In some schools where a few cases arose, search for carriers, by the taking of swabs, was undertaken.

The following tables shew the incidence amongst school children of the most important infectious diseases, giving the monthly distribution and the ages of the cases infected:—

Table 14.

SCHOOL CASES OF INFECTIOUS DISEASE.

Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Measles	268	736	674	755	670	444	81	20	18	44	92	76	3,878
Chicken Pox	297	377	401	224	230	265	54	40	77	133	191	148	2,437
Scarlet Fever	229	178	151	148	156	116	113	123	214	245	167	128	1,968
Mumps	39	40	74	25	34	103	3	43	120	300	625	550	1,956
Whooping Cough ...	199	135	205	145	101	102	14	38	24	47	94	49	1,153
Diptheria	57	46	35	25	38	37	30	36	60	46	78	60	548
	1,089	1,512	1,540	1,322	1,229	1,067	295	300	513	815	1,247	1,011	11,940

Table 15.

SCHOOL CASES OF INFECTIOUS DISEASE.

Age Distribution.

Disease.	Under 5	Under 6	Under 7	Total Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Total Over 7	Grand Total.
Measles	368	2,110	792	3,270	211	133	70	67	47	33	20	27	608	3,878
Chicken Pox ...	148	895	591	1,634	316	173	126	82	50	25	22	9	803	2,437
Scarlet Fever ...	61	407	322	790	243	193	191	166	136	125	73	51	1,178	1,968
Mumps	77	650	518	1,245	281	115	95	62	51	53	51	3	711	1,956
Whooping Cough	141	623	240	1,004	56	33	24	20	6	7	3	—	149	1,153
Diphtheria ...	22	123	79	224	65	38	47	50	38	39	33	14	324	548
	817	4,808	2,542	8,167	1,172	685	553	447	328	282	202	104	3,773	11,940

During the year 1925, twenty-two cases of Encephalitis Lethargica occurred amongst children of school age. Two of these proved fatal, and of the remainder 14 are known to have developed sequelae of a more or less chronic character. These mostly took the form of either (1) Parkinsonism, in which the most prominent symptoms are slowness of movement and rigidity of limbs associated not infrequently with tremors, and which eventually produces the characteristic appearance, i.e., a mask-like face and senile stooping attitude. (2) Alteration in the diurnal sleep rhythm, so that sufferers are noisy, excitable, and restless during the night, and frequently extremely drowsy during the day. This is usually associated with deterioration of character, self-control being largely lost.

The following list gives the condition in the 14 chronic cases which occurred during 1925. A number of these were first brought to light by the School Medical Officers.

No. 28.	E.H.	13 years.		Inversion of sleep rhythm. Alteration of character; has taken to thieving.
No. 35.	V.T.	10	,,	Inversion of sleep rhythm.
No. 36.	G.C.	11	,,	Fidgety and irritable. Some mental deterioration.
No. 52.	K.C.	11	,,	Inversion of sleep rhythm. Very hot tempered and irritable, although boy's mentality is above the average.
No. 54.	J.F.	12	,,	Inversion of sleep rhythm.
No. 59.	J.W.	7	,,	Inversion of sleep rhythm. Very drowsy in the daytime. Hot tempered and of bad habits.
No. 67.	G.K.	8	,,	Parkinsonism.
No. 73.	H.S.	11	,,	Parkinsonism.
No. 81.	J.O'H.	6	,,	Parkinsonism.
No. 88.	L.D.	7	,,	Mentally defective.
No. 90.	T.H.	13	,,	Parkinsonism.
No. 95.	N.W.	6	,,	Suffered from inversion of sleep rhythm, but has now apparently recovered.
No. 100.	E.T.	10	,,	Very wilful and of bad habits. Mental deterioration. Cannot read or write properly.
No. 103.	J.L.	13	,,	Inversion of sleep rhythm. Cantankerous, sullen, and of bad habits.

HYGIENE OF SCHOOL PREMISES.

The Board of Education in their memorandum concerning the arrangement of the School Medical Officer's Annual Report have asked, amongst other things, that a review of the hygienic conditions of the schools in the area should be included.

For several years the School Medical Officers have, on the completion of their annual inspections of the school children, inspected the premises and reported upon their hygienic condition, any special defects requiring attention being referred to the departments of the Education Committee or Health Committee concerned.

The following review is based on these reports.

It must be clearly understood that these reports were not all written at the end of the year, and some of the defects indicated may have already been attended to. It will be noted that in the accompanying table the hygienic conditions of 183 premises are summarised, although there are only 166 Public Elementary Schools within the City; this is accounted for by the fact that in some instances the different school departments are located in entirely different buildings. The buildings are classified according as to whether or not they were specially criticised early in the year by the Board of Education on the report of His Majesty's Inspector. For the information of the Committee, the classification further separately indicates the conditions of the Council and the Voluntary Schools.

The reports of the Medical Officers shewed that, broadly speaking, as might be expected, the older the school buildings the greater the number of hygienic defects present.

The consideration of the hygiene of the schools as a whole is reviewed under the following headings.

Lighting.—In the designing of the older schools sufficient importance was not attached to the necessity for obtaining the

maximum light possible, and it is frequently found that the windows in these schools are insufficient in number and individually too small, whilst in some instances they are divided up into very small panes, and in others there are a considerable number of panes of obscure glass which curtail the amount of light passing through. In most of these schools, consequently, the natural lighting has to be supplemented far too frequently by artificial illumination.

In about three-fourths of the buildings the artificial lighting is by means of incandescent gas burners, the remainder being equipped with electric lighting, with the exception of two schools, in which it was reported that naked gas burners were still in use.

Ventilation.—The ventilation arrangements available in the school buildings, on the whole, are good, but the ventilation could often, without structural alteration, be considerably improved by fuller use being made of the windows and ventilators provided.

In about one-third of the premises reported upon, the ventilation available was not considered satisfactory.

The ventilation of school premises is a most difficult problem, and when building new schools it would appear advisable to build them on open-air or semi-open-air lines.

Heating.—The recording of the temperatures of the classrooms twice daily by the teachers, has led to closer attention being paid to the question of the heating of the classrooms in cold weather.

In about one half of the school buildings the heating was considered to be quite satisfactory; in practically every instance such schools were heated by hot water pipes, generally of the low pressure type. The temporary schools, however, although heated by the same method, are reported to be much colder in winter than

the permanent buildings, whilst in the hot summer weather their temperature is uncomfortably high.

In the older schools where the heating is, in the main, by open fire places, it is found impossible to maintain an adequate and equable temperature.

Cleanliness of Premises.—On the whole, the cleanliness of the school premises is satisfactory. In the case of the few schools in which the playground is merely the bare soil covered with cinders, the cinders and mud are carried, in wet weather, into the school buildings by the children's boots. In the dusty and smoky areas of the City, for example those situated near the docks, considerable improvement in the natural lighting of the schools could be effected by a more frequent cleaning of the windows.

Desking.—For the purposes of this report, a concise classification of the desking arrangements in the various schools is naturally difficult, owing to the fact that many of the schools, although partly equipped with a modern type of desk, are also still making use, to a greater or lesser degree, of desks of an obsolete pattern. Eighty-eight buildings were recorded as being fully equipped with modern desks. Of the 95 classified as "not good," roughly one-half were equipped almost entirely with desks of an obsolete type, whilst the remaining buildings contained both types. The long continuous desks still in use have no back rests, and the seats are placed too far away from the desks, with the result that the children are apt soon to become fatigued, and as a consequence both health and education are adversely affected.

This matter has for some years past received the careful consideration of the Committee, and a scheme for the gradual replacement of the obsolete desks by modern ones is in operation. The progress of the scheme has, unfortunately, been retarded, owing to the need for economy.

In arranging for the supply and allocation of desks, careful attention should always be given to the necessity for having desks

of various sizes installed in the classrooms, particularly in the case of the upper standards, for the older children vary considerably in height even when of the same age.

The relation of the desks to the main source of lighting in the classroom, is also an important matter. In only 40 per cent. of the schools were the desks reported to be placed entirely satisfactorily in regard to the lighting. The bad arrangement of the desks is particularly noticeable in the older schools, where rearrangement of the existing desks is impracticable.

Cloakrooms.—Nearly half of the premises were reported to have insufficient cloakroom accommodation, this deficiency being particularly prevalent in the older schools, with a result that garments had, in a few instances, to be deposited on the floor. Very few of these older cloakrooms have any heating arrangements at all, some of them are badly ventilated, whilst, in some instances, the walls are damp. In many schools the pegs are too close together, with a result that the garments, of necessity, must overlap, and if wet they have very little chance of drying. The drying of clothes and boots is always a matter of considerable difficulty, and it might be worth while in the planning of any future schools to consider the feasibility of installing a special drying chamber to work in connection with the heating apparatus for the premises. In the existing schools, the only methods available for the drying of clothes are the hot water pipes in the cloakrooms or the open fires in the schoolrooms where central heating has not been established.

Lavatories.—In many of the schools, particularly in the older ones, the facilities provided for washing are not satisfactory, and in a few schools there is no provision at all. It must be mentioned, however, that where facilities do exist full use is not always made of them. Thus, in the case of 86 schools which the medical officers reported upon, the lavatories were not being used in 25 of these. In some of these schools the basins have become defective and have not been repaired, in a few the non-use has been

Table 16.—SCHOOL PREMISES.

School Buildings.	No.	Lighting.				Ventilation.		Heating.		Cleanliness.		Desks.				Cloakrooms.		Lavatories.		Sanitary Accommodation.				Playgrounds.	
		Natural.		Artificial.								Type.		Position.						Closets.		Urinals.			
		Good.	Fair or Poor.	Good.	Fair or Poor.	Good.	Fair or Poor.	Good.	Fair or Poor.	Clean.	Not Clean.	Good.	Not Good.	Good.	Not Good.	Sufficient.	In-sufficient.	Sufficient.	In-sufficient.	Sufficient.	In-sufficient.	Sufficient.	In-sufficient.	Satis-factory.	Unsatis-factory.
Buildings not criticised by the Board of Education—																									
Council	67	52	15	63	4	55	12	51	16	62	5	54	13	37	30	54	13	64	3	55	12	59	8	55	12
Voluntary	74	23	51	53	21	61	13	35	39	55	19	29	45	36	38	43	31	44	30	51	23	57	17	31	43
Totals	141	75	66	116	25	116	25	86	55	117	24	83	58	73	68	97	44	108	33	106	35	116	25	86	55
Buildings criticised by the Board of Education (Lists A and B.)—																									
Council	7	1	6	2	5	4	3	3	4	4	3	1	6	2	5	1	6	1	6	—	7	3	4	1	6
Voluntary	35	1	34	15	20	4	31	6	29	21	14	4	31	2	33	2	33	—	35	9	26	4	31	—	35
Totals	42	2	40	17	25	8	34	9	33	25	17	5	37	4	38	3	39	1	41	9	33	7	35	1	41
Grand Totals ...	183	77	106	133	50	124	59	95	88	142	41	88	95	77	106	100	83	109	74	115	68	123	60	87	96

occasioned by fear of the towels spreading contagious disease; in the case of others, soap and towels have not been supplied to the children.

Generally speaking, in those schools in which the standard of cleanliness amongst the children is low, and where frequent use of the lavatory basins would be of considerable educational value, less use is made of the washing facilities provided than in those schools where the standard of cleanliness is more satisfactory.

The argument is sometimes put forward that if the children are encouraged to wash at school, they might consistently neglect to wash themselves at their homes. Against this argument is the fact that many children already do persistently neglect to wash their hands and faces, and unless these children are made to make use of the school washing facilities there is little or no hope of them learning the practical lesson of cleanliness.

Sanitary Accommodation.—Although the newer schools have pedestal wash-down w.c.'s, each with a separate flush, in most of the older schools trough closets are commonly in use, and in some of these they are of an obsolete type. Often they are too few in number, and in some instances they are without doors or are not properly lighted or ventilated. Ocasionally they are placed too close to the school buildings, which is objectionable, especially in the summer. In other instances separate provision has not been made for infants and older children.

Playgrounds.—In the newer schools these are, on the whole, very satisfactory, but in the older schools the majority of the playgrounds are much too small, and are often closely surrounded by buildings which prevent a proper circulation of air. In some of the temporary schools, whilst the areas of the playgrounds are satisfactory, the surface is poor, being composed of earth and cinders, which renders them dusty in the dry weather and muddy in the wet.

HIGHER SCHOOLS.

The pupils of 15 Secondary Schools (6 Boys', 7 Girls' and 2 Mixed) and 3 Junior Technical Schools were inspected, so that 18 Higher Schools are now being regularly inspected. In addition to the routine cases other pupils have been examined, as special cases, at the request of the teachers, children already found to have defects being re-examined twice annually.

The number of examinations during 1925 were 5,361 routines, 448 specials and 5,512 re-inspections, as compared with 5,121 routines, 324 specials and 5,005 re-inspections in 1924.

When parents are present at the examinations, any defects found are discussed with them, and, where necessary, advice is given as to consulting their own private practitioners. The presence of the parents does, however, involve a considerably longer time being taken over each case.

The proportion of pupils seen at the routine examinations who required treatment, other than for uncleanliness, was 23.7 per cent.

The most common defect discovered was defective eyesight (about 23 per cent), but many of these cases had already been supplied with glasses. Next in frequency was minor deformities, such as flat-feet, round shoulders and spinal curvature (about 14 per cent.).

With regard to defective vision, although the proportion of cases found approximates closely to that found in the Elementary Schools, the figures are not strictly comparable, as a somewhat higher standard is adopted for the Higher School pupils because of the extra strain on their eyes involved by their studies. This suggests that the sight of the children in the Public Elementary Schools, as a whole, is somewhat worse than that of those attending Higher Schools.

There is very little difficulty in persuading parents as to the need for obtaining glasses, whilst the reluctance exhibited on the part of many of the children of the Elementary Schools to wearing their

glasses regularly is seldom encountered in the case of the pupils of the Higher Schools.

Only 16.8 per cent. were recorded as not wearing their glasses, and in the majority of these instances this was due to the glasses being temporarily at the Optician's for alterations or repairs.

It is a noteworthy fact that the majority of the parents of the Higher School pupils are fully alive to the necessity for dental treatment, and it is quite usual for many of the children to attend their private dentists at regular intervals. This will account for the fact that only 6.5 per cent. of the routine cases required dental treatment as compared with the high proportion in the Elementary Schools.

The minor deformities previously mentioned, i.e., round shoulders flat-foot, slight curvature of the spine, etc., are fortunately almost all remediable when discovered, and, since most of the schools have gymnastic instructors, arrangements have, in those cases, being made for special remedial exercises to be undertaken under their supervision, and the results at subsequent re-examinations often showed satisfactory improvement.

It is found that many of the pupils stay up too late at night, and in one of the Girls' Schools a special campaign was organised against "late hours," a note being sent to every parent stating how many hours' sleep a child of that particular age required. When excess of home lessons was given as a reason for late hours, an adjustment of these was made by the Head Teacher when found necessary.

After the parents have been notified of any defects requiring treatment, the Head Teachers keep in close touch with them with the object of advising the necessity of treatment, and explaining the best manner in which this can be obtained, and it is gratifying to report that the proportion of cases treated was very satisfactory.

The defect for which parents showed least inclination to secure treatment was enlarged tonsils and adenoids, for which only 13 out of 46 cases were treated, 8 of these being treated at the Clinic.

The Clinics provided for the Elementary School children are available for Higher School children whose parents cannot afford treatment privately, and in the case of defective vision arrangements have been made with certain Oculists to see pupils at a reduced fee if the parents cannot afford the full fee. The majority of the parents, however, secured the treatment recommended by the School Medical Officers from their own private practitioners.

The heights and weights of the routine cases at each school have been recorded by the gymnastic instructor, where there is such an official, and in the other cases by the School Medical Officers, and the following Table shows the results in inches and pounds. The Higher School pupils are taller and heavier than children of similar ages in the Elementary Schools:—

Table 17.

Age.	Boys.			Girls.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8—9	48	50·4	54·6	48	50·0	53·7
9	63	51·3	59·3	30	51·4	59·1
10	59	52·6	64·6	59	52·3	64·1
11	119	55·8	71·0	86	55·6	74·7
12	492	57·0	75·9	317	57·6	81·8
13	561	57·9	83·7	361	60·7	89·3
14	635	60·5	93·8	301	60·9	102·8
15	468	63·4	105·5	245	62·3	107·2

All the Board of Education Tables relating to Higher Schools are shown in Appendix "B."

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

The methods adopted, which have been approved by the Board of Education under Section 31 (1) of the Mental Deficiency Act,

1913, for ascertaining what children within the area are defective, are as follows:—

Teachers draw the attention of the School Medical Officers to dull or physically defective children on the occasion of their visits to the schools. In urgent cases, the Director of Education or the School Medical Officer may be notified direct. Cases are also reported by the School Attendance Staff, the Child Welfare Association, the Police, and Poor Law Authorities. All suspected mentally defectives are first examined by the Supervisor appointed by the Education Committee, who is an ex-Headmistress of a Special School, with long experience, and afterwards by the Certifying Officers approved by the Board of Education—Dr. A. Dingwall Fordyce or Dr. W. Murray Cairns.

All cases of deaf children are certified by Dr. Holmes; blind children being certified by Dr. Livsey.

The accompanying Return shews the results of examinations held by the Certifying Officers during the year 1925:—

Table 18.

	Referred as Physically Defective.	Referred as Mentally Defective.
Total number of children examined	291	683
Passed for M.D. Schools—Day	1	333
,, ,, ,, ,, Residential	—	5
Passed for P.D. Schools—Day	160	51
,, ,, ,, ,, Residential	68	3
Passed for Private Schools	—	5
To remain at ordinary schools	31	141
Unsuitable for any school	6	54* (see below)
Postponed for further trial in ordinary school	15	82
Miscellaneous (treatment, etc.)	10	9

Cases notified to the Lancashire Asylums Board during the year.

	On First Examination.	After Probation in Special Schools.	Total
Imbeciles	40	78	118
Idiots	11	2	13
Moral Imbeciles	3	2	5
Notified for supervision (at 16 years) ...	—	16	16
TOTAL	*54	98	152

In addition to new cases, the children already in Special Schools were examined both as to their mental and physical condition, as required by the Act of 1899, the number of individual examinations being 1,653.

Except for the last month or two of the year, places were available for all children passed by the Certifying Officers as suitable. The Education Committee are now considering means of providing additional accommodation for mentally defectives, and, meanwhile, arrangements are made for those children who have been passed and are unable to secure admission to Special Schools, to be visited in the elementary schools periodically by the Supervisor of Defectives.

Six Special Schools are conducted for mentally and physically defective children—the same number as last year. Four are double centres for both physically and mentally defective children, one a centre for mentally defective children only, and one a residential country school for physically defectives.

The following tables shew: (a) the accommodation, number on rolls, and the average attendance in the various grades of special school; and (b) the number of admissions and withdrawals during the year 1925:—

Table 19.

(a)

School for the	Accommodation.	No. on Rolls.	Average Attendance.
Mentally Defective (day)	483	660	573·6
Physically Defective (day)	383	468	388·9
Physically Defective (Residential) ...	66	66	66·0
Partially Blind	90	80	67·5
Deaf	200	36	161·9

(b)

	M.D.	P.D.	Deaf.	Partially Blind.
New Admissions	298	187	30	44
Withdrawals—				
Certificates cancelled	14	34	—	—
Attained 16 years	58	29	21	4
Excused attendance...	17	19	1	2
Left City	7	4	—	3
Died	1	3	—	—
Transferred to schools of another type	13	3	—	2
Excluded (T.B.. etc.)	4	4	—	—
Notified to Mental Deficiency Authority	72	5	—	—
	186	101	22	11

The "following-up" Nurse keeps in touch with the defective children requiring treatment, and during the year has made visits as follows:—

Nature of Visits.	Visits.
Eye Cases	67
Ear Cases	25
Tonsils and Adenoids Cases...	34
Dental Cases	206
Orthopædic Cases	527
Medical Cases...	363
Miscellaneous visits (to Schools, Hospitals, Child Welfare Associations, etc.)	563
TOTAL VISITS	1,785

The Country School for Physically Defective Children at Woolton Vale, where accommodation is provided for 66 children (31 boys and 35 girls), continues to be conducted on the same lines as hitherto, i.e., such children are selected from the scholars of the day Special Schools for Physically Defectives as, with three to six months' residence at a country school, might possibly be expected to improve in health so as to be able to resume attendance at the ordinary elementary schools.

An After-Care Committee is working in connection with each of the five day Special Schools. These Committees take charge of the ex-scholars up to the age of 21. In the case of ex-scholars of the Mentally Defective Departments, on attaining the age of 21 (or earlier if the After-Care Committees consider it desirable), cases are passed to the local Association under the Mental Deficiency Act, if supervision is still considered necessary.

Apart from the periodical visitation of ex-scholars undertaken by these Committees, an annual gathering is held at each of the schools. Particulars obtained from the various ex-scholars at these meetings shewed, unfortunately, that a large percentage are unemployed. The prevailing state of unemployment naturally tells against these children, as even children from ordinary schools find it very difficult to obtain work.

At one of the Special Schools arrangements have been made for massage treatment, the Nurse engaged for this purpose being paid jointly by the Education Committee and the Liverpool Child Welfare Association. The cases for treatment are selected by the Certifying Officer, and are under his supervision. The Committee has had under consideration the question of the extension of facilities for massage and electrical treatment.

Children requiring treatment are dealt with at the Clinics established by the Education Committee, or at Local Hospitals in cases where no arrangement is made by the Education Committee to meet such cases.

During the year the following number of cases were dealt with at the Education Committee's Clinics, viz.—

Eyes	162
Ears	49
Throat and Nose	56
	267

For children who need dental treatment, the services of Mr. R. W. Gick (who is also part-time dentist for the elementary schools) have been engaged. This officer is responsible for the dental supervision of all the children in the Special Schools as well as two day Industrial Schools and a Residential Industrial School, under the control of the Education Committee. During the year 20 visits of inspection were made, and 105 clinic sessions were held at these schools.

In addition to the Special Schools, the Committee maintains six beds at the West Kirby Convalescent Home (mainly for surgical tuberculosis cases), and six beds at the Liverpool School of Recovery (mainly heart cases), and they have secured the option of places at the Maghull Home for Epileptics. During the course of the year, 11 cases have been in residence at West Kirby School, and 12 at the School of Recovery, while 10 cases were maintained at the Home for Epileptics.

DEFECTIVE VISION CLASSES.

The Defective Vision Classes at Birchfield Road School have continued their useful work throughout the year. The usual periodic visits by Dr. Livsey, the Committee's Oculist, have been made, and he is frequently consulted on matters relating to the needs of the children attending these classes. There has been no change in the teaching staff, and the relations between the children and their teachers are particularly happy. There is evidence of a personal interest in each individual child, and generally a happy family atmosphere which is most gratifying and encouraging. The children are bright and interested in their special work, and the change in demeanour of these children is markedly evident. Antipathy to these classes is now rarely met with, and parents are increasingly anxious to avail themselves of their advantages. The excellent arrangements for the mid-day meal continue, and most of the children remain to this. The general plan of the work of the classes is unchanged, and interest in it is well maintained. As the older scholars leave the classes, advice is given by the Specialist as to the suitability or otherwise of suggested occupations. The parents often express regret when the end of the period of ocular supervision is reached. Experience confirms the opinion previously expressed, that the care and discipline of these classes is continued after leaving school, and thus materially reduces the risk of serious eye complications to which so many of these children are prone.

One additional Defective Vision Class, providing accommodation for 30 children, was opened in June, at the Christ Church,

Christian Street, Church of England School, which is situated near the centre of the City. This class, which was filled by the end of the year, has helped to reduce the large waiting list of cases for which this special type of education is necessary. The work there is being conducted on the lines which have proved so satisfactory in the Birchfield Road classes. The equipment is similar, and the teachers are keen and interested in their work.

It was arranged to open, early in 1926, a second class at the Christ Church school, where there are very suitable rooms for this purpose.

There were, at the end of the year, still 126 cases (57 boys and 69 girls) on the waiting list, as compared with 186 twelve months previously, and of these 126 cases, 56 were regarded as urgent.

Unfortunately no arrangements have yet been made to cater for the needs of Roman Catholic children suffering from seriously defective eyesight. At the end of the year there were 50 such cases, 17 of which were urgent, needing such accommodation.

Pending the provision of accommodation, the children, whose names are on the waiting list, are, with some exceptions, allowed to attend the ordinary schools with certain restrictions as to near work, but this is by no means a satisfactory arrangement, though the only thing possible in the circumstances.

The question of distance to be travelled has always been a difficulty in getting children to attend the classes at Birchfield Road; the provision of other classes in more accessible parts of the City will conduce to more regular attendance by the children, as, owing to their visual defects, they are often dangerously handicapped in going distances by tramcar, especially in bad weather.

EMPLOYMENT OF CHILDREN.

The Bye-laws which came into operation on the 1st January, 1924, are still in operation.

The following table gives a return of the number of school children employed, and the nature of the work undertaken:—

Table 20.

Employment of School Children out of School Hours.

Trade.	No. of cases on Register 31.12.24.	No. of new cases added to Register during the year.			No. of cases withdrawn from Register during the year.			No. of cases remaining on the Register, 31.12.25		
		Boys.	Girls.	Total	Boys.	Girls.	Total	Boys.	Girls.	Total
Bakers and Confectioners...	48	60	3	63	64	2	66	41	4	45
Butchers	65	90	1	91	76	1	77	79	—	79
Bootmakers and Repairers	18	36	—	36	30	—	30	24	—	24
Chemists	8	10	—	10	10	—	10	7	1	8
Chandlers	70	82	1	83	78	3	81	72	—	72
Chipped Potato Vendors ...	5	5	—	5	6	1	7	3	—	3
Coal Merchants	11	9	—	9	13	1	14	6	—	6
Drapers, etc.	23	13	1	14	22	—	22	14	1	15
Dealers—General	18	12	3	15	16	9	25	8	—	8
Dealers—Firewood ...	7	3	3	6	4	3	7	5	1	6
Domestic Helpers	7	2	1	3	3	4	7	1	2	3
Fish and Poultry Dealers...	2	1	1	2	2	1	3	1	—	1
Grocers	58	66	2	68	72	—	72	52	2	54
Greengrocers	183	205	3	208	218	4	222	167	2	169
Ironmongers	2	2	—	2	2	—	2	2	—	2
Milk Dealers	425	413	48	461	391	58	449	405	32	437
Newsagents	475	500	30	530	459	33	492	486	27	513
Various	24	20	—	20	25	—	25	18	1	19
Totals	*1,449	1,529	97	1,626	1,491	120	1,611	1,391	73	1,464

*1,353 boys and 96 girls

From this table it will be seen that the main sources of employment are the delievery of milk and newspapers. As these employments necessitate work before the commencement of school in the majority of cases, children employed before school hours have to be examined by the School Medical Officers, and certified as physically fit for such work before a certificate is granted. For this purpose there were examined 894 children, and all but 6 were found to be fit. All children, whether working before the close of school hours or after, require to have employment cards, which are issued by the Education Committee, and these children are examined by the School Medical Officers at every visit to the schools. The employment, which, under the Bye-laws, is limited to two hours on school days and five hours on Saturdays and school holidays, seldom has any adverse effect upon their health.

With the object of seeing that the Bye-laws are complied with, two special officers, appointed by the Education Committee, are engaged in patrolling the streets between the hours of 7 a.m. and 9 a.m., and 5 p.m. and 9 p.m. daily, and on Saturdays, and Sundays. The Attendance Officers also keep under observation the shops and the employed children in their districts, whilst the Police and Health Visitors co operate in this work.

During the year, 518 employers were warned for violating the Bye-laws, and in 14 cases it was necessary to prosecute. In 9 cases fines were inflicted, and the remaining 5 cases were discharged.

A certain number of children of school age are employed in connection with theatrical performances; many of these children going on tour. These children require a licence from the Local Education Authority before they can be employed, and they must be examined every three months by the School Medical Officer of the area in which they happen to be.

During the year, 21 were licensed by the Education Authority, and 29 examined by the School Medical Officers; practically all the children were healthy.

The total number of children who appeared at the local theatres or picturedromes was 70, as against 24 in the preceding twelve months. This is mainly accounted for by the increase in the number of outside children appearing at Pantomimes. All children are visited by a special officer, who sees that the home conditions are suitable, ascertains that the licence is in order, and also pays visits to the theatres to see that the rules and orders of the Board of Education are complied with.

Employment for juveniles between the ages of 14 and 18 has, during the year 1925, been considerably better than during the preceding year, although the depression in industry and commerce, which has been so widespread during the past four or five years, is still very serious. The problem of unemployment particularly affects boys and girls on leaving the public elementary schools, and it is estimated that at least 40 per cent. of them spend the first six months in a fruitless search for work. A very large proportion of these children make personal application at the Local Education Authority's Juvenile Employment Bureau, with the object of securing employment and seeking information as to any available openings in industry and business for which they may be suitable. During the year, there were 8,524 children who registered for employment at the Bureau directly on leaving school, and the total number of applications for work received from juveniles between 14 and 18 years of age was 16,435.

The large number of children who register at the Bureau immediately they leave school (nearly 65 per cent. of the total of those leaving during the whole year), might be taken to indicate that very few children are successful at once in securing employment without the assistance of the Bureau, though a certain number may eventually be able to find temporary work in the vicinity of their homes, pending the opportunity of securing better employment at a later date.

In spite of the trade depression, however, the placings from the Juvenile Employment Bureau have risen during the year from

3,930 to 5,240, an increase of 1,310. During their period of enforced idleness, efforts are made to persuade boys and girls to keep in periodic attendance at the Bureau, and they are also encouraged to keep themselves as smart and presentable in appearance as they can. Many of them, however, shew signs of deterioration sooner or later, and cease to attend regularly at the Bureau, in which case they are, for the time being, out of touch with the Committee's agency, although they are found frequently to renew their application at a later date if they are still unemployed.

Of the 2,610 boys placed by the Bureau during the year, 25 per cent. went to clerical and commercial occupations, 10 per cent. to trades and business, 15 per cent. into factories, warehouses, workshops, etc., and 50 per cent. as shop boys and various types of messengers and to other miscellaneous work.

With regard to the 2,630 girls for whom places were found by the Bureau, 9 per cent. went to needle trades (tailoring, dressmaking, millinery, etc.), and 8 per cent. to other trades; 29 per cent. were placed in domestic service, 13 per cent. as shop assistants, 10 per cent. were found posts in offices, while the remaining 31 per cent. went chiefly to factories, cafes, or as messengers in connection with workrooms or shops.

In addition to the duty of giving advice and assistance to juveniles in choosing suitable employment, the Juvenile Employment Committee have undertaken the work of administering the Unemployment Insurance Acts, so far as they affect juveniles between 16 and 18 years of age, this arrangement being in accordance with the new scheme, approved by the Board of Education and the Ministry of Labour, which came into operation on the 1st April, 1924. Under this arrangement the Juvenile Employment Committee has very close dealings with the 16-18 year group of juveniles, which hitherto had been mainly dealt with by the Ministry of Labour. In connection with this side of the work it is of interest to note that from the 1st August, 1924, to 31st July, 1925, the total number of "fresh" and "repeat" claims for

Unemployment Benefit made by juveniles who had been working in insurable occupations was 10,498 (boys, 6,956; girls, 3,542), or an average of 201 claims per week. During the twelve months in question, the total amount of Unemployment Benefit paid to juveniles was £20,156 2s. 9d., being an average of £387 12s. 5d. per week. The number of juveniles in receipt of benefit was on an average 791 boys and 334 girls, a total of 1,125 per week, while the total number of payments was 58,491.

During the year there have been two large Unemployment Centres carried on in Liverpool (one for boys and the other for girls), at which insured juveniles are required to attend on five half-days per week as a condition of receiving Unemployment Benefit. The instruction at these Centres is of an informal character, and comprises various kinds of handwork (e.g., simple wood and metal work), English subjects, ambulance work, physical exercises, and recreation, for the boys; and household work (e.g., cookery, and laundry), needlework, hygiene, music, drill, and recreation, for the girls. Illustrated lectures on special subjects are also arranged, and guidance is given in general reading. There is also a smaller Unemployment Centre for boys of good education, preparing mainly for commercial posts, and instruction is given in shorthand, typewriting, book-keeping, mathematics, drawing and English. These Centres, by reason of their situation, do not provide for the attendance of all the insured juveniles who are out of employment in the area of the Authority, and the Authority is hopeful of establishing further Centres at which not only insured unemployed juveniles, but also those under 16 years of age, may be given informal instruction of an interesting and useful character during their periods of unemployment.

It should be mentioned, in regard to the suitability of applicants for employment dealt with at the Bureau, that all the medical records and notes of the School Medical Officers are available for the use of the Juvenile Employment Department, and are freely used, and where necessary special examinations are made by the Medical Officers at the request of that Department.

Arrangements have also been made with the Australian Migration Authorities for the School Medical Staff to conduct the medical examination of youths whose applications to emigrate to Australia under the Overseas Settlement Schemes have been approved, and who, through lack of means, are unable to pay the required fee to the local Medical Referee appointed by the Overseas Department.

A. A. MUSSEN,

Medical Officer to the Education Authority.

APPENDIX A.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections:—	
Entrants	11,430
Intermediates	7,801
Leavers	8,920
Total	28,151
Number of other Routine Inspections	389

B.—Other Inspections.

Number of Special Inspections	*12,402
Number of Re-inspections	47,117
Total	59,519

* Not including children treated at Minor Ailments Clinics.

ELEMENTARY SCHOOLS.
TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	152	96	25	14
Uncleanliness	See Table IV, Group 5.			
Skin—				
Ringworm—				
Scalp	13	—	413	—
*Body	9	—	21	—
Scabies	19	—	233	—
*Impetigo	70	—	86	—
*Other Diseases (Non-Tuberculous)...	202	62	167	37
Eye—				
*Blepharitis	159	81	132	45
*Conjunctivitis	76	24	79	12
*Keratitis	7	—	15	—
*Corneal Ulcer...	28	—	25	—
Corneal Opacities	—	7	—	7
Defective Vision (excluding Squint)	1,652	1,444	3,217	471
Squint...	683	394	1,365	95
Other Conditions	21	71	36	35
Ear—				
Defective Hearing	60	104	47	52
Otitis Media	288	276	121	48
Other Ear Diseases	78	16	35	7
Nose and Throat—				
Enlarged Tonsils only	336	1,205	226	284
Adenoids only	73	79	122	23
Enlarged Tonsils and Adenoids ...	67	73	139	18
Other Conditions	402	230	153	46
Enlarged Cervical Glands (Non-Tuberculous)	47	650	12	139
Defective Speech	38	151	58	106
‡Teeth (Dental Diseases)	1,471	100	263	249

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5
Heart and Circulation—				
Heart Disease—				
Organic	4	69	3	48
Functional	12	711	5	200
Anaemia	274	223	121	61
Lungs—				
Bronchitis	526	646	124	115
Other Non-Tuberculous Diseases ...	37	146	34	61
§Tuberculosis—				
Pulmonary—				
Definite	—	8	51	6
Suspected	13	—	66	—
Non-Pulmonary—				
Glands	22	34	49	37
Spine	1	6	7	4
Hip	2	3	3	—
Other Bones and Joints ...	2	12	9	14
Skin	5	4	7	2
Other Forms	10	17	26	14
Nervous System—				
Epilepsy	11	26	28	18
Chorea...	40	—	73	—
Other Conditions	53	94	46	44
Deformities—				
Rickets	53	104	17	20
Spinal Curvature	29	20	10	7
Other Forms	89	63	23	14
Other Defects and Diseases ...	1,030	942	858	538

* Exclusive of children treated at the Minor Ailments Clinics.

‡ Cases examined by the School Medical Officers.

Under the heading "Tuberculosis" most of the cases in columns (3) and (5) are cases in which the disease is quiescent but is not yet considered cured.

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

B. – Number of Individual Children found at Routine Medical Inspection to require treatment (Excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children		Percentage of children requiring treatment. (4)
	Inspected. (2)	Requiring treatment. (3)	
Code Groups:			
Entrants	11,430	2,886	25·25
Intermediates	7,801	1,604	20·56
Leavers	8,920	1,887	21·15
Total (Code Groups)	28,151	6,377	22·65
Other routine inspections	389	60	15·42

ELEMENTARY SCHOOLS.

TABLE III.

Numerical Return of Exceptional Children in the Area at the end of 1925.

			Boys.	Girls.	Total
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	28	27	55
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	39	41	80
		Attending Public Elementary Schools	57	67	124
		At other Institutions	1	—	1
		At no School or Institution	3	4	7
DEAF (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	77	57	134
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	1	—	1
		Attending Public Elementary Schools	65	62	127
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	386	282	668
		Attending Public Elementary Schools	61	46	107
		At other Institutions	3	1	4
		At no School or Institution	11	13	24
	Notified to the Local Control Authority during the year	Feeble-minded	6	10	16
		Imbeciles	71	47	118
		Moral Imbeciles	2	3	5
		Idiots	9	4	13
EPILEPTICS.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	6	3	9
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	12	14	26
	Suffering from epilepsy which is not severe.	Attending Day Special Schools	11	3	14
		Attending Public Elementary Schools	9	15	24
		At no School or Institution	5	3	8

ELEMENTARY SCHOOLS.

TABLE III.—Continued.

			Boys.	Girls.	Tota
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	2	2
		At other Institutions	—	2	2
		At no School or Institution	—	3	3
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	36	41	77
		At Certified Residential Open-Air Schools...	1	2	3
		At Certified Day Special Schools	—	1	1
		At Public Elementary Schools	32	24	56
		At other Institutions	60 (39)	50 (11)	110 (50)
		At no School or Institution	129 (1)	123 (1)	252 (2)
	Delicate Children (*e.g.* pre- or latent tuberculosis malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ...	28 (1)	38 (1)	66 (2)
		At Certified Day Special Schools	47	45	92
		At Public Elementary Schools	573	528	1101
		At other Institutions	12 (3)	8 (—)	20 (3)
		At no School or Institution	47	53	100
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board...	58 (3)	44 (—)	102 (3)
		At Certified Day Special Schools	—	—	—
		At Public Elementary Schools	5	3	8
		At other Institutions	37 (26)	17 (14)	54 (40)
		At no School or Institution	27 (5)	26 (—)	53 (5)
	Crippled Children (other than those with active tuberculous diseases), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	— —	3 (1)	3 (1)
		At Certified Residential Cripple Schools ...	4	3	7
		At Certified Day Cripple Schools	182	169	351
		*At Public Elementary Schools	28	28	56
		At other Institutions	24 (10)	25 (10)	49 (20)
		At no School or Institution	35	61	96

The numbers shewn within brackets refer to cases diagnosed by the Staffs of certain Institutions but not seen subsequently by the Authority's Medical Staff. These numbers are included in the totals.

* There were in addition 50 Boys and 61 Girls classified as Cripples but for whom education in Public Elementary Schools is quite suitable.

ELEMENTARY SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V)

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	223	420	643
Ringworm—Body	283	—	283
Scabies	94	215	309
Impetigo...	4,640	42	4,682
Other Skin disease	830	229	1,059
Minor Eye Defects— (External and other, but exeluding cases falling in Group II)...	2,612	224	2,836
Minor Ear Defects	2,211	110	2,321
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	6,972	70	7,042
Total	17,865	1,310	19,175

* The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)				
New Cases	3,333	162	38	3,533
Re-examinations	2,209	31	3	2,243
Total	5,542	193	41	5,776
Other Defect or Disease of the eyes (excluding those recorded in Group I)	30	26	—	56
Total	5,572	219	41	5,832

Total number of Children for whom Spectacles were prescribed:

(*a*) Under Authority's Scheme 4,933

(*b*) Otherwise 187

Total number of Children who obtained or received spectacles:

(*a*) Under the Authority's Scheme 4,916

(*b*) Otherwise 187

ELEMENTARY SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat

	Number of Defects.				
	Received Operative Treatment.				
	Under the Authority's Scheme, in Clinic or Hospital. (1)	By private practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of treatment. (4)	Total number treated. (5)
Tonsils and Adenoids ...	781	25	806	12	818
Mouth Breathing ...	—	—	—	569	569
Total	781	25	806	581	1,387

Group IV.—Dental Defects.

(1) Number of Children who were

(*a*) Inspected by the Dentist:—

Routine Age Groups ...	Aged 5 ... —		Total	52,636
	6 ... 5,777			
	7 ... 5,677			
	8 ... 6,362			
	9 ... 6,830			
	10 ... 7,505			
	11 ... 7,315			
	12 ... 6,986			
	13 ... 5,657			
	14 ... 527			
Specials				832
			Grand Total	53,468

(*b*) Found to require treatment 42,368

(*c*) Actually treated 12,461

(*d*) Re-treated during the year as the result of periodical examination 6,099

(2) Half-days devoted to { Inspection ... 366 / Treatment ...1326 } Total ... 1,692

ELEMENTARY SCHOOLS.

(3) Attendances made by children for treatment				20,766
(4) Fillings	Permanent Teeth ... 6,508 Temporary Teeth ... 441	... ...	Total ...	6,949
(5) Extractions	Permanent Teeth 5,079 Temporary Teeth 21,839	... ...	Total ...	26,918
(6) Administrations of general anæsthetics for extractions		... ...	...	11,326
(7) Other operations	Permanent Teeth ... 610 Temporary Teeth ... 18	...	Total ...	628

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	42·3
(2) Total number of examinations of children in the Schools by School Nurses	153,338
(3) Number of individual children found unclean	11,501
(4) Number of children cleansed under arrangements made by the Local Education Authority, viz. :—	
Under Statutory Notices	339
*Voluntarily	6,222
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	Nil
(*b*) Under School Attendance Byelaws	Nil.
(*c*) Under Liverpool Corporation Act, 1921 :	
Informations	8
Convictions...	8

In addition to this number, 11,829 other children attended the Cleansing Stations on their own initiative for Spray or Slipper baths.

HIGHER SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Age.	8	9	10	11	12	13	14	15	16	17	Grand Total.
Boys	50	79	93	161	633	696	742	615	234	60	3,363
Girls	60	37	64	93	365	440	378	324	168	69	1,998
Total	110	116	157	254	998	1,136	1,120	939	402	129	5,361

B.—Other Inspections.

Number of Special Inspections	448
Number of Re-inspections	5,512
TOTAL	5,960

HIGHER SCHOOLS.

TABLE II.—A.

Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease	Routine Inspections. Number of Defects. Requiring Treatment	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	29	51	—	2
Skin—				
Ringworm—				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	1	—	—	—
Other Diseases (Non-Tuberculous) ..	19	32	1	3
Eye—				
Blepharitis	2	9	1	—
Conjunctivitis	6	9	2	2
Keratitis	—	—	—	—
Corneal Ulcers	—	—	—	—
Corneal Opacities	1	—	—	—
Defective Vision (excluding Squint)	420	810	130	39
Squint	10	31	6	4
Other Conditions	4	10	1	—
Ear—				
Defective Hearing	26	58	1	5
Otitis Media	30	61	—	1
Other Ear Diseases	17	5	—	—
Nose and Throat—				
Enlarged Tonsils only	35	155	4	7
Adenoids only	3	10	1	1
Enlarged Tonsils and Adenoids ...	3	5	—	2
Other Conditions	37	44	9	5
Enlarged Cervical Glands (Non-Tuberculous)	3	45	—	—
Defective Speech	5	33	2	3

HIGHER SCHOOLS.

TABLE II.—Continued.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Teeth—				
Dental Diseases	352	176	20	5
Heart and Circulation—				
Heart Disease—				
Organic	2	8	—	1
Functional	4	225	1	10
Anaemia	30	94	6	6
Lungs—				
Bronchitis	13	66	1	—
Other Non-Tuberculous Diseases ...	1	15	—	—
***Tuberculosis—**				
Pulmonary—				
Definite	—	—	—	—
Suspected	—	3	—	—
Non-Pulmonary—				
Glands	1	3	—	1
Spine	—	—	—	—
Hip	—	1	—	—
Other Bones and Joints ...	—	—	—	—
Skin	—	1	—	1
Other Forms	3	6	—	1
Nervous System—				
Epilepsy	—	1	—	—
Chorea...	2	4	—	—
Other Conditions	3	19	2	1
Deformities—				
Rickets	—	3	—	—
Spinal Curvature	62	69	1	2
Other Forms	47	90	4	2
Flat Feet	200	272	8	4
Other Defects and Diseases ...	171	384	27	25

* Under the heading of Tuberculosis most of the cases in column (3) are cases in which the disease is quiescent but not yet considered cured.

HIGHER SCHOOLS.

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Requiring treatment. (3)	Percentage of children requiring treatment. (4)
Code Groups:			
Total	5,361	1,272	23·7

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	—	2	2
Ringworm—Body	—	2	2
Scabies	—	2	2
Impetigo...	—	2	2
Other Skin Diseases	—	37	37
Minor Eye Defects ... ... (External and others, but excluding cases falling in Group II)	—	12	12
Minor Ear Defects	3	33	36
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	—	1	1
Total	3	91	94

HIGHER SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Disease or Defect		Number of Defects Dealt With			
		Under the Authority's Scheme	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
(1)		(2)	(3)	(4)	(5)
Errors of Refraction (including Squint).	New Cases	66	41	65	172
	Re-examination Cases	78	7	9	94
Other Defect or Disease of the eyes (excluding those recorded in Group I).....		1	—	—	1
Total		145	48	74	267

Total Number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 129

(*b*) Otherwise 122

Total Number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 129

(*b*) Otherwise 122

HIGHER SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	Received Operative Treatment				
	Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)	Received other Forms of Treatment (4)	Total number treated (5)
Enlarged tonsils and adenoids	8	4	12	1	13
Mouth Breathing	—	—	—	49	49
Total	8	4	12	50	62

APPENDIX C.

LIVERPOOL EDUCATION COMMITTEE.

REPORT BY THE INSPECTOR OF PHYSICAL TRAINING FOR THE YEAR 1925.

INDEX.

A.—General.

The teaching of Physical Training in the elementary schools of Liverpool has steadily developed on sound lines during the year 1925. Hard and accurate work has been done by the teachers in the more formal exercises with an entire absence of the drudgery which was frequently experienced before the introduction of the 1919 Syllabus. Keen interest and enjoyment is the general rule.

Definite efforts have been made by most head teachers to provide daily lessons in physical exercise, although this ideal is impossible in numerous schools where playing space is palpably insufficient, and is considered impracticable where schemes of advanced instruction, manual work, domestic science, etc., are included in the curricula. The average time devoted to syllabus work in the Senior departments is eighty minutes weekly.

The number of school departments including swimming instruction in their schemes of activities is now 227, and 188 departments pay weekly visits to playing spaces other than school playgrounds for organised games; there are 279 Senior departments in the City.

More schools have organised individual school swimming galas and athletic sports for their pupils than in any previous year, and it is to be hoped that this development will continue.

B.—The Team System.

The team system continues to prove a valuable instrument in developing all branches of physical education and in the training of character. On this subject, a Head Master of one of Liverpool's prominent schools writes as follows:—

> "Initiated in the Summer term of 1920, our 'House' "system of self-government by the pupils has proved an "unqualified success. Inter-House rivalry has re-acted on "every phase of the school activities, and the tone and "discipline of the boys is now of a kind which was impossible "under the old and discarded system of repressive methods; "corporal punishment has been almost entirely eliminated, "and the members of the teaching staff, being thus relieved of "the anxieties attaching to the maintenance of discipline, are "happier in their work.
>
> "Captains and Prefects have responded splendidly in "shouldering the responsibilities of their respective appoint- "ments, and the boys subordinate to them display conspicuous "loyalty and obedience to these their chosen leaders; there are "few boys indeed who fail on occasion to 'play the game' "for the good name of their 'House', both in work and "games. Six annual Inter-House Sports have been held to "decide the 'Cock-House' in athletics; not one prize of "intrinsic value has been awarded in these contests, 'House' "points being the only incentive, yet the enthusiasm of the "boys could not be excelled.
>
> "Head Master."

C.—Teachers' Classes of Instruction.

For the past six years, voluntary classes of instruction for teachers in physical exercises and games have been organised during the Autumn and Spring terms. These classes have been held after school hours in gymnasia, centrally situated, and over 2,000 teachers have attended. For the past two sessions no fee was demanded, and the courses consisted of 24 lessons of $1\frac{1}{2}$ hours each. Courses since held have been of 10 or 12 lessons, and teachers have been required to pay a fee:—5s. for 10 lessons is now the rule.

In the Summer term, 1925, a course of instruction in field and playground games was conducted in one of the Education Committee's playing fields, and the response of the teachers was exceptionally keen.

These classes of instruction are undoubtedly serving a useful purpose. They act as "refresher" courses: they are the means of promulgating fresh ideas in method and organisation, and of providing the teachers with a stimulus to maintain their work in the schools at an interesting pitch.

The Liverpool Branch of the English Folk Dance Society continued to conduct numerous classes throughout the year in Liverpool, Birkenhead, Chester and St. Helens. The response of the teachers is reflected in a gradual increase in the number of schools including Folk Dancing in their schemes of physical activities.

D.—Organised Games in Public Parks and Playing Fields. Free Transport.

Since the Autumn of 1919, the Education Committee has authorised the inclusion of organised games during school hours in the time-tables of elementary schools. The co-operation of the Parks and Gardens Committee throughout, in allocating portions of public parks and playing spaces for the use of the children for games under the control of teachers, has proved a valuable asset; and three private playing fields have been secured by the Education Committee for this purpose. Altogether over 40 playing spaces are

regularly used, according to definite time-tables compiled with due regard to the prevention of undue congestion. Difficulties are met with in organising games for elementary scholars, such as the presence of unemployed youths in public parks, the poor foot-wear of the children, the congestion in central areas, the marshalling of the children to and from the parks, and at times the lack of sufficient games material; but healthful exercise in fresh air is obtained, and the enthusiasm and appreciation of the children help to compensate the teachers for their sustained efforts.

To enable children from the densely populated areas to take part in the scheme of organised games, the Education Committee authorises the expenditure of about £600 annually, to defray transport expenses to and from playing fields of 84 school departments.

The routine arrangements are as follows, viz.:—

Each school included in the scheme sends a party, consisting of not more than 50 boys or girls accompanied by one teacher, on a pre-arranged day; the Head Teacher uses his discretion when the weather is not altogether favourable or the ground is not likely to be in very good condition.

Where the whole of the party cannot be accommodated on the one tram-car, team leaders are appointed to take care of tickets and keep good order among the scholars.

The party leaves the school at 1.45 p.m. and starts from the field on the homeward journey at 4 p.m. promptly. The teacher remains during the whole of the time and sees all the scholars away from the ground at 4 p.m.

The Head Teacher keeps a record shewing the number of tickets received on each occasion and the respective dates on which they are used.

E.—Games Apparatus. The Assistance of Manual Instruction Centres. Storage Huts for Apparatus.

The Education Committee authorises the expenditure of £1,000 annually to help in the supply of games material to elementary schools. The issue for the year 1925 consisted of:—969 footballs, 656 cricket balls, 280 baseballs, 3,000 rubber balls, 514 ropes, 275 cricket bats, 100 baseball bats, 300 rounder bats, 150 sets of cricket stumps and 150 pairs of wicket-keeping gloves.

The construction of football posts, netball posts, rounder and cricket stumps, etc., is included in the scheme of instruction at the Manual Instruction Centres. A recent report from the Board of Education expressed approval and commendation for craftsmanship shown by the boys in this work. During the year, the following items have been made by the boys for use at their own schools:— Sets of cricket stumps, rounder bats, football posts, flag posts, netball posts, jumping standards, competition shields, skittles and mallets; numerous repairs to apparatus have also been carried out.

In 11 playing areas, lock-up huts have been erected in which bulky games material is stored when not in use. The average supply in each hut consists of 2 sets netball posts, 4 sets football posts, 24 flag posts, 24 rounder bases, 12 rounder bats and 1 set of jumping standards. This nucleus of material is very much appreciated, for use both during school hours and for inter-school competitions out of school hours.

F.—Games Supervision in Public Parks during the Summer Holidays, 1925.

For the sixth year in succession the Elementary Schools Management Sub-Committee, in co-operation with the Parks and Gardens Committee, carried out a scheme which secured definite organised games and activities in five of Liverpool's Public Parks, viz., Princes Park, Stanley Park, Sheil Park, Wavertree Playground and Sefton Park Review Field, for boys and girls in the poorer surrounding districts.

Three supervisors—two men and one woman—were on duty in each park daily throughout the holiday from 1 p.m. to 5 p.m., and games apparatus was supplied consisting of netball posts and balls, rubber balls, cricket bats and balls, rounder and baseball bats, stumps, ropes for skipping, jumping and tug-of-war, and boxing gloves. The staff of supervisors appointed showed forethought in making arrangements, put energy in their work, and gained the appreciation of the children under their charge. The apparatus was well used, and much was worn out, but no complaints of games materials being stolen were received.

Cricket was easily prime favourite with the boys, and rounders with the girls. Inter-park cricket matches were played by teams of representative boys, viz., Stanley *v.* Sheil, Wavertree *v.* Sefton, Sefton *v.* Princes. Weekly miniature sports' meetings were organised in each park, and the prize fund approved by the Committee of 5s. weekly for each park was augmented by the supervisors and interested spectators.

The weather was generally favourable—on two days only the rain prevented play entirely. The Park Superintendents and their staffs afforded every facility possible, for which the organisers were very grateful.

A goodly number of adult onlookers displayed interest, and on several occasions assisted in supervising cricket matches and judging competitions; the boxing competitions in Princes Park attracted crowds of spectators.

Extract from an article in the "Daily Post":—

By a Correspondent.

"I saw yesterday the most expeditiously organised sports ever. In most athletic meetings you spend the entire afternoon waiting for something to happen, and when it has happened you have to ask your neighbour what it was. But yesterday in Fountain Field, Princes Park, where the children of the South-End dockland schools had their weekly holiday sports meeting, things were so well-arranged that three heats of the 68-yards 2-feet race were run in nearly as many seconds."

This scheme, of course, caters only for a small proportion of the huge juvenile population of Liverpool who lack opportunities to spend their holidays by the seaside or in the country air, but it is certainly well worth the money expended on material and supervision, which amounts to £200.

G.—School Camps, 1925. Summer Holidays.

During the Summer holiday of 1925, camping parties of boys and girls from 27 Liverpool schools received grants-in-aid according to the Elementary Schools Management Sub-Committee's regulations; the amount of grant was at the rate of 10s. per week for each child, and £1 per week for each leader.

Four of the camps were of two weeks' duration—the remainder were for one week only; 861 children and 61 leaders received grant, this being an increase of 160 children and 10 leaders over the numbers in 1924. The total amount expended in grants was about £600.

Excellent camping sites were occupied at Conway, Prestatyn, Cilcen, Rhydymwyn, Bickerton, Pontblyddyn, Gresford, Dundalk, Long Winstown, Formby, Llangollen, Thornton Hough, Grange-over-Sands, Bala and Thurstaston.

Arrangements were made for each camp to be visited during occupation by a representative of the Committee, and the following general report was given:—

"The camps were all well organised, the children carefully "chosen and well looked after, the food good, the sanitary "arrangements sufficient, and the various occupations health-"giving and educationally beneficial.

"The Education Committee's scheme of assisting voluntary "workers and teachers in their efforts to provide healthy "holidays for the poor children of Liverpool is considered less "expensive and of wider educational benefit to the children "than would be the case if one definite site was acquired and "maintained for camping purposes.

"It is recommended that for the Summer holiday of 1926 "a similar scheme be approved; that more children be included "if leaders are forthcoming, and that the Board of Education "be asked to sanction expenditure not exceeding £1,000."

H.—Swimming Instruction. Public Baths. School Baths. Spray Baths.

The increase in the number of school departments including swimming instruction in their time-tables has caused considerable congestion at several of the **public baths** during school hours. Time-tables for the last five years have been carefully compiled at conferences of Head Teachers and by the Inspector of Physical Training. These time-tables have been used systematically

throughout the Summer season of 1925, and it is gratifying to report that the efforts of the teachers in teaching and coaching swimming has resulted in **6,350 boys and 2,654 girls being able to swim** at least 25 yards in October, 1925.

Public Baths.

Name of Bath.	Attendances. Swimming Plunges Summer Months, 1925		Attendances. Swimming Plunges Winter Months, 1925		Attendances. Slipper and Spray Baths. Winter Months, 1925	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Cornwallis Street	16,568	9,357	—	—	924	869
Margaret Street...	54,567	13,624	25,665	1,350	779	737
Westminster Road	37,582	16,845	10,042	4,359	827	1,434
Lister Drive	19,430	9,337	—	—	—	—
Pieton Road	15,495	5,429	—	—	514	226
Garston	22,503	13,112	11,434	2,027	—	—
Queen's Drive	16,528	9,486	—	—	—	—
Steble Street	40,078	9,887	16,356	1,639	1,678	1,112
Lodge Lane	25,349	11,817	—	—	1,499	923
Burrough's Gardens	23,268	10,650	—	—	1,062	699
Woolton	1,360	563	—	—	—	—
Netherfield Road	—	—	—	—	—	444
Beacon Street	—	—	—	—	2,469	—
Totals	272,728	110,107	63,497	9,375	9,752	6,444

School Baths.

The use of the 14 **school baths** throughout the Summer season has been very much appreciated by the scholars and teachers, and has helped considerably in augmenting the facilities granted at the public baths.

Details showing the extent of the use of the **school baths** are here given :—

Name of School Bath	No. of weeks Bath was in use in 1925.	Total No. of Bathers.		No. of Swimmers in School, October, 1925 (able to swim at least 25 yards).	
		Boys.	Girls.	Boys.	Girls.
Anfield Road... ...	21	4,800	4,300	91	48
Beaufort Street ...	15*	5,250	3,150	123	37
Birchfield Road ...	20	6,900	8,960	95	135
Boaler Street... ...	18	7,209	3,599	87	70
Brae Street	17	684	1,323	42	39
Daisy Street	22	2,280	1,179	73	28
Granton Road ...	17	1,800	1,972	35	30
Harrington	21	3,200	1,200	35	11
Heyworth Street ...	20	2,818	2,778	110	43
Lawrence Road ...	20	6,819	6,348	121	87
Longmoor Lane ...	23	4,485	5,750	59	16
St. Michael's C. ...	19	1,615	1,710	35	31
Sefton Park C. ...	10*	2,000	2,000	18	25
Webster Road ...	25	4,000	500	75	20
Totals ...		53,860	44,769		

* These two Baths were under repair for several weeks.

The scholars from schools in the neighbourhood of school baths are eligible for inclusion in the time-tables compiled.

Four schools have spray baths on the premises, viz., "Harrison Jones" Council, St. James' Council, St. Augustine's Council, and Everton Terrace Council; these have been in use throughout the year.

I.—Voluntary Work of the Sports Committees of the Teachers' Associations.

The **Liverpool Branch of the N.U.T.** controls the organisation of games and competitions "out of school hours" open to all girl scholars in the Elementary Schools, and the **Liverpool Association**

of Schoolmasters controls the activities open to all boys. In addition a parallel organisation is conducted by the **Catholic Schools Association** for children attending Catholic Schools.

The annual reports of these Associations tabulate a very fine record of work done by the teachers in the interests of the physical welfare and development of the children of the city.

Extracts from the Hon. Secretaries' Reports are here appended:

GIRLS.

By Miss A. M. Molloy (Hon. Secretary, Sports Committee, Liverpool Branch, N.U.T.):—

"The Sports Committee has much pleasure in reporting that the enthusiasm and vigour with which its activities have been carried on in the past year have resulted in a much wider participation in them throughout the city, particularly in all competitions in swimming, to which there has been added a new championship."

NET BALL.

"A total of 32 schools entered the Net Ball Leagues, showing an increase of 7 on last year."

"The Net Ball Knock-out Competition was well supported, 22 schools entering."

HOCKEY.

"This game, though not as popular as Net Ball, attracts some enthusiastic players. The league numbered in this its first year, 11 teams, and the competition proved enjoyable and encouraging."

ROUNDERS.

"In the Rounders Leagues Competition, 44 Senior and 32 Junior teams entered, and these were divided into eight leagues. That these teams represented schools in all parts of the city indicates the continued popularity of this summer game. The dry sunny weather of the early summer added greatly to the enjoyment of the matches."

"As this competition drew to a close there was no slackening of effort on the part of individual players, for divisional matches were specially arranged in order to select players for a City Team to represent Liverpool in the Liverpool v. Birkenhead match, which took place at Knotty Ash Playing Field on June 29th. After a particularly enjoyable and well-played game, Liverpool won, but at the return match at Birkenhead, on August 21st, the honour was reversed."

ATHLETIC FESTIVAL.

"For their Athletic Festival on August 26th the Committee were again favoured with the loan of the fine ground of the White Star Athletic Association."

"A splendid response was made to the invitation to enter for the athletic events. A total of 1,482 girls entered from 55 schools. So large a number necessitated running off preliminary heats before the Festival. This was done on August 11th at the Knotty Ash Field, the winners only competing at Wavertree on August 26th."

"In addition to the athletic events, a fine programme of national and country dances, including a Maypole Dance by Infants, was given by children from 26 schools, and was greatly appreciated, a noticeable feature being the dancers' sheer enjoyment in their performance."

"A Country Dance Party was held on September 26th, to which all who danced at the Festival were invited. This was so successful and gave so much pleasure that a second was held on December 12th with equally happy results."

SWIMMING.

"Of all the activities of the Sports Committee the Swimming Competitions have this year shown the greatest advance in point of numbers of entrants. So consistent has the interest and progress been that the Committee decided to award a new certificate, to be gained for swimming 50 yards Back Stroke, hoping that proficiency acquired in this stroke would encourage swimmers to qualify for the certificates of the Royal Life-Saving Association. The response was most gratifying, the number of these awards being the highest recorded."

"A Championship Competition in Back Stroke was also inaugurated this year, the conditions to be similar to those for Breast Stroke and Free Style Championships."

Swimming Certificates.

"The large increase in the number of certificates awarded this year marks this as one of the most vigorous and progressive branches of the Committee's work."

"Excluding the new Back Stroke award, the totals show an increase of 788 on last year's.

"3rd Class, 1,160; 2nd Class, 795; 1st Class, 262; Back, 728; total, 2,945."

"The competing Schools number 115, showing an increase of 5."

Life-Saving Certificates.

Elementary, 86. Proficiency, 65.

"The total of 151 is the highest recorded by this Committee."

"Coutie" Shield.

"The 'Coutie' Shield, awarded to the school gaining the highest percentage of certificates according to the Committee's scheme, has been awarded to Birchfield Road C. School. The first six schools are:—

1.—Birchfield Road C.	188·4%
2.—Hope Street	160·5%
3.—Lawrence Road C.	142·9%
4.—Banks Road C.	130·5%
5.—Boaler Street C.	125·2%
6.—South C.E.	125 %

Swimming Leagues Competitions.

"The usual Squadron Leagues Competitions were held, Senior Breast Stroke, Senior Free Style, and Junior Breast Stroke."

"In the Seniors, 31 teams entered. In the Juniors, 29 teams entered."

"The Final of each Competition was swum at a Gala."

Galas.

"Six very successful galas were held, at Garston, Picton Road, Lodge Lane, Lister Drive, Westminster Road, and Queen's Drive, the last an additional one to relieve Westminster Road, which was crowded and difficult to organise. In all, 1,184 scholars from 100 schools entered, many for two or more events."

BOYS and GIRLS.

By Mr. A. Cunningham (Hon. Secretary, Catholic Schools Athletic Association):—

"The Association organises sport in many branches for the children of the Roman Catholic Elementary and Central Schools of the district, and interest, entries, and activities, grow rapidly year by year."

ATHLETIC FESTIBAL.

"For the year 1925 the entries were close upon 2,000, necessitating two evening eliminating trials. . . . The final festival brought together 638 surviving competitors, to compete in 54 heats, 18 events boys, 18 events girls."

FOOTBALL.

"The Season 1924-25, due to additional entries, proved to be a very strenuous one. There was keen competition throughout, there being very little difference between the teams in the respective divisions. . . . There were 37 schools in the leagues. . . . The competition for the Catholic Schools' Cup evoked the usual keeness."

CRICKET and BASEBALL.

"Cricket and Baseball Leagues were formed under the auspices of the Association for the first time. Sixteen schools entered teams in the Cricket League, and twelve schools competed in the Baseball League. The success of these newly-formed Leagues gives every encouragement for their continuance."

NET BALL (Girls).

"The general standard of skill continues to improve in this game, and last season was both an enjoyable and successful one. A total number of thirteen schools entered the Net Ball League, and were divided into two leagues, North and South."

BOYS.

By Capt. J. C. Beckett, M.C. (Hon. Sec. Sports Committee, Liverpool Association of Schoolmasters):—

"Your Committee is again privileged to report an excellent year of work on behalf of the sports and athletics of the boys of our Primary Schools of Liverpool. All branches of the Committee's activities have been conducted with vigour and efficiency, and in several new records in the number of competing schools have been set up.

FOOTBALL.

"There were 133 entries from 87 schools, viz. division A. Senior, 34 teams, intermediate, 20 teams; junior, 15 teams. Division B. Senior, 53 teams; Junior, 11 teams. Fifty-five teams entered the knock-out competition. The new classification of schools proved a marked success. The number of entries shows an increase of 20 teams. The small number of entries in Division C. did not justify a competition in this group."

"The City team was unfortunate in being dismissed from the E.S. F.A. Competition in the preliminary round v. Southport. In the Lancashire Cup Competition the team met with success, reaching the final round after defeating Bolton, North Lonsdale, Blackburn, and Blackpool. The final game v. Manchester, played at Liverpool, ended in a draw, but our boys were vanquished in the replay at Manchester. Friendly games were played with Bebington, Southport, Birmingham, Glasgow, Greenock, and Ayr."

CRICKET.

"One hundred and one teams participated in the three competitions. Good weather enabled fixtures to be fulfilled without difficulty, and many enjoyable games were played. Heygreen Road reached the final tie in all three groups of the competition, and eventually carried off the Senior and Intermediate Championships, losing to Steers Street Boys in the Junior League's Final."

"Summary.—Schools, 61; Teams—Senior, 56; Intermediate, 26; Junior, 19 teams."

BASEBALL.

"Twenty-four teams were entered in the Senior Competition, and 18 teams in the Junior group. Twenty-seven schools were represented."

"A very successful season is to be recorded, and all games were completed in good time for the qualifying rounds."

ATHLETIC FESTIVAL.

"Nearly twelve hundred entries from 51 schools were received. The Sports were held on the Everton F.C. Ground (kindly lent by the Directors), but the weather conditions were anything but suitable for such an event; nevertheless, the crowds of young and enthusiastic competitors contested the races and jumps with the greatest keenness, especially those which affected the Liverpool Schools' Athletic Championship, won by Steers Street Boys for the third year in succession."

SWIMMING.

Swimming Certificates.

Style Certificates (50 yds. Breast-Stroke)	1,455
,, ,, (50 yds. Back-Stroke)	1,396
Distance Certificates (250 yds.)	743
Speed Certificates (100 yds. within 110 secs.)	107
TOTAL ...	3,701

"The grand total shows an increase of 1,355 certificates."

Life-Saving Awards.

Elementary Certificates	142
Proficiency Certificates	100
Bronze Medallion	12
TOTAL ...	254

"The above figures show an increase of 60 awards over 1924."

Swimming Galas.

"The following are the entries for the Swimming Galas held during the season.

Central A.	Margaret Street	257
South B.	Lodge Lane	409
North Central	Westminster Road	465
Garston	Speke Road	283
East Central	Lister Drive	439
Central B.	Margaret Street	425
South A.	Lodge Lane	441
West Central	Burrough's Gardens	328
North	Queen's Drive	362
Champions' Gala	Lister Drive	167
TOTAL ...		4,019

"Banks Road Schoolboys again demonstrated their pre-eminence in speed swimming by retaining their title of **English Schoolboy Champions**, defeating in the final at Newcastle teams of boy swimmers from South Shields, Bristol, Nottingham, and London. John Holmes, of Banks Road, secured the **Southwell**

Cup in an **All-England Competition**, and John Rotheram of Stanley Road School won the **Derbyshire Memorial Championship** for Breast-Stroke Swimming, and took fourth place in the **Northern Counties' Diving Championship.**"

The Elementary Schools Management Sub-Committee authorised letters of congratulation and appreciation to be sent to the Teachers' Associations responsible for the valuable voluntary work in developing and extending the athletic activities of the City children.

A. E. HARRIS,

Inspector of Physical Training.

February 9th, 1926.